Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	6	2	3	1

CERTIFICATE OF DEATH

16236

					10200
PLACE OF DEAT     O. COUNTY	Washingt	on MARYLAND	2. USUAL RESIDENCE (Where o. STATE Mary1	deceosed lived, if institution: Rand b. COUNTY	esidence before odmission) Washington
b. CITY OR TOW	/N (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	corporote limits, write RURAL or	nd give neorest town)
write RURAL	ond give neorest town)				2 ( /
	erstown	29 years	d. STREET ADDRESS	WIL	e. IS RESIDENCE
	SPITAL OR INSTITUTION (If not in I			ware ad Wahte	ON A FARM?
	ington County	Middle		nwood Hghts	Doy Year
3. NAME OF DECEASED (Type or print)	ALBERT			OF Novemde	
S. SEX		MARRIED K NEVER MARRIED	8. DATE OF BIRTH		NDER 1 YEAR   IF UNDER 24 HRS
male			Sept 5 1907	9. AGE (In yeors last birthdoy)  59  Yrs.	nths Doys Hours Min.
Oo. USUAL OCCUPA	TION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stot		12. CITIZEN OF WHAT
during most of work	king life, even if retired) <b>n 1,5 t</b>	Railroad .	Hyattsvill	e, Md.	COUNTRY?
13. FATHER'S NAM		1,37	14. MOTHER'S MAIDEN NAME		
Alba	rt Anderson		Mae Mof	fatt	
IS. WAS DECEASED	EVER IN U.S. ARMED FORCES?		INFORMANT	Address	
(Yes, no, or unknow	vn) (If yes give wor or dotes of serv	vice)	Anna L. Ande	rson Hager	stown, MD.
	F DEATH (Enter only one couse pe				INVERTIGATION DETROITED
	DEATH WAS CAUSED BY:	- The morested M	eretin - an 40 ars	a Corote He L	ONSET AND DEATH
58	IMMEDIATE CAUSE (a)	in 110 go			11 / 3
Conditions if	ony, which gove ) (b)	Us - staded . M. 40 ]	Jareis of Ator	rach	nov 10-66
rise to imme	diote couse (o),	Server out y = code pr	1		
	nderlying couse	Circhesia 1	Laila		
lost.	) (()_		THE TERMINAL DISEASE CONDITIO	AN COVEN IN DART 1/-)	19. WAS AUTOPSY
PART II. OTHE  200. ACCIDENT OR CONTRIBUT OR FITHER NO	R SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	IN GIVEN IN PART 1(0)	PERFORMED?
200, ACCIDENT	WAS UNDERLYING	205. DESCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in Port I	or Port II of item 18.)	
OR CONTRIBUT	TING CAUSE OF DEATH			,	
S 200 TIME OF	TIFY MEDICAL EXAMINER) INJURY Month, Day, Year	20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	20f. (City or town)	(County) (Stote)
20c. TIME OF Hou	r o.m.	While Not While fo	ctory, street, office bldg., etc.)	(611) 61 (611)	(50010)
	p.m. 19	ot work at work	10/-	1 40 7 2 15	10/0/0 Abot (1) () I
		1) attended the deceased frams	at death occurred at 52		, 19 <u>6</u> that (I) (we) to an the date stoted obo
220. SIGNAT			ATTENDINGAREO	STAFF D	2b, DATE SIGNED
1	edny Mos	Matter		CTOR PHYS.	11-15-66
22 PHYSICI NAME (1	AN'S IDNEY	NOVEN STEIL	22d. ADDRESS WK J	TOWN M	5
23o. BURIAL, CREN	MATION, 23b. DATE THEREOI			23d. LOCATION (City or Town)	(County) (Stote)
bufffyafp			itain Cem.	Lancaster C	
24. FUNERAL DIR		ADDRESS	2So. REC'D BY		AR'S SIGNATURE
M Minn	ich Funeral	Home Hagerstown	. Md. DATE NOV	1 7 1966 80	harles Judge
			3 A   Dille   1 / A A	TO INDA //	V M

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after againth. be executed within 24 haurs after death O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospitol or attending physician.

VR A15 (4) 20 M 1/66 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

46239

CERTIFICATE OF DEATH

16237

A								901	
. PLACE OF DEATH					2. USUAL RESIDENCE (	Where decea			
o. COUNTY Washing	rton		MARYL	AND	o. STATE Marylan	nd	b. cou	NTY hingto	n
b. CITY OR TOWN	(If autside corporate limits,		c. LENGTH OF STAY IN	-	c. CITY OR TOWN (If ou	itside cornor			
write RURAL or	nd give negrest town)		- 7				oto minis, wine ko	KAE ONG GIVO	2/1
Boonsbo			Life		Boonsbo	oro			e. IS RESIDENCE
	TAL OR INSTITUTION (If not i	in haspitol, gi	ve street oddress)		d. STREET ADDRESS				ON A FARM?
101 S.	Main St.				101 S.	Main	St.		YES NO XX
. NAME OF	First		Middle		Last	4. DATE	Man	th	Day Year
(Type or print)	Willia	m	Henry	Bes	chley	OF DEATH	Novem	ber 26	19 66
SEX			NEVER MARRIED	□ I 8	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR IF UNDER 24 HRS.
Male	White	WIDOWED [	DIVORCED	n l	Jan. 4, 189	22	last birthdoy) 74 yrs.	Months 10	Days Hours Min.
	N (Give kind of wark done		ND OF BUSINESS OR		11. BIRTHPLACE (County				ZEN OF WHAT
uring most of workin	g life, even if retired) iction Worker		DUSTRY						INTRY?
	iction Worker	Co	nstruction		Rural Boo	nsbor	O. MQ.		U. S. A.
13. FATHER'S NAME					14. MOTHER'S MAIDEN				
Charles	Beachley				Elizabet	h Eas			
IS. WAS DECEASED EV	PER IN U.S. ARMED FORCES?	16. St	OCIAL SECURITY NO.	17. II	NFORMANT		Body	ffsboro	, Md .
Yes, ild, or ulikilowil	(If yes give war ar dates of s	21	3-16-0431	Mr	s. Minnie A	. Bea	chley, 1	01 S.	Main St.
	DEATH (Enter only one couse			-					INTERVAL BETWEEN
I IO LAUSE UP I	DEATH TELLIGI OHILA OHE COOSE	e per line for t	tal. tal. and tal.		8				
	ATH WAS CAUSED BY:	per line for (	(a), (b), and (c).)	LOW	un of le	mac			CONSET AND DEATH
	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a	1 H 50	w Carin	iou	ur of le	mgs			GONSET AND DEATHY
PART I. DE	ATH WAS CAUSED BY:  IMMEDIATE CAUSE (a  DUE TO	n 450	co, (o), and (c).)	io U	ur of le	mgs			Conset and Deathy
	ATH WAS CAUSED BY:  IMMEDIATE CAUSE (a  DUE TO  y, which gave  (b)	) 45e	cos, cos, and cos	io U	ur of le	mgs			GONSET AND DEATHY
Canditians, if on rise to immedia stating the und	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a  DUE TO  y, which gave (b) atle cause (a), erlying cause	1) H 5 =	(d), (d), (d), (e),	u ou	ur of le	unge			PONSET AND BEATHY
Canditians, if on rise to immedia stating the und	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a  DUE TO  y, which gave (b) te cause (a), erlying cause  (c)	1) H 5 = 0	eus Carin			0			
Conditions, if on rise to immedia stating the und lost.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a  DUE TO  y, which gave (b) atle cause (a), erlying cause	1) H 5 = 0	eus Carin	TED TO T	THE TERMINAL DISEASE CO	0	EN IN PART 1(0)		ONSET AND DEATHY  19. WAS AUTOPSY PERFORMED?
Conditions, if on rise to immedia stating the und lost.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a  DUE TO  y, which gave (b) te cause (a), erlying cause  (c)	1) H 5 = 0	eus Carin	TED TO T		0	EN IN PART 1(0)		119. WAS AUTOPSY
Conditions, if on rise to immedia stating the und lost.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a  y, which gave the cause (a), erlying cause  SIGNIFICANT CONDITIONS CON  AS UNDERLYING	o) A Second	O DEATH BUT NOT RELA	TED TO T	THE TERMINAL DISEASE CO	NDITION GIV			19. WAS AUTOPSY PERFORMED?
Canditions, if on rise to immedia stating the und lost.  PART II. OTHER:  20a. ACCIDENT W OR CONTRIBUTIN	ATH WAS CAUSED BY:  IMMEDIATE CAUSE (a  DUE TO  y, which gave ate cause (a), erlying cause  SIGNIFICANT CONDITIONS CON  AS UNDERLYING  G  G CAUSE OF DEATH	o) A Second	O DEATH BUT NOT RELA	TED TO T	THE TERMINAL DISEASE CO	NDITION GIV			19. WAS AUTOPSY PERFORMED?
Canditians, if on rise to immedia stating the und lost.  PART II. OTHER STATES OF CONTROL OF CONTRIBUTING (FETTHER BUTING)	ATH WAS CAUSED BY:  IMMEDIATE CAUSE (a  DUE TO  y, which gave ate cause (a), erlying cause  SIGNIFICANT CONDITIONS CON  AS UNDERLYING  G  G  CAUSE OF DEATH Y MEDICAL EXAMINER)	OO	O DEATH BUT NOT RELA	TED TO T	THE TERMINAL DISEASE CO	NDITION GIV	rt II of item 18.)	Сол	19. WAS AUTOPSY PERFORMED? YES NO
Canditions, if on rise to immedia stating the undust.  PART II. OTHER 1200. ACCIDENT W BO CONTRIBUTING INTERPREDUITING INTERPR	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a  y, which gave the cause (a), erlying cause  SIGNIFICANT CONDITIONS CON  AS UNDERLYING  G  CAUSE OF DEATH Y MEDIAL EXAMINER)  JUDY Month, Doy, Year  J.m.	00 00 00 00 00 00 00 00 00 00 00 00 00	O DEATH BUT NOT RELA	TED TO T	THE TERMINAL DISEASE CO	NDITION GIV	rt II of item 18.)	(Cou	19. WAS AUTOPSY PERFORMED? YES NO
Canditions, if on rise to immedia stating the und lost.  PART II. OTHER 12  20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTHE Hour C C)  20c. TIME OF IN Hour C	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a  y, which gave the cause (a), erlying cause  SIGNIFICANT CONDITIONS CON  AS UNDERLYING  G  G  CAUSE OF DEATH Y MEDICAL EXAMINER  JURY Month, Doy, Year  J.m.  19	20b. DES	O DEATH BUT NOT RELA  SCRIBE HOW INJURY OCCURRED  IJURY OCCURRED  On Mor While  of work	TED TO TO	THE TERMINAL DISEASE CO  (Enter noture of injury in  CE OF INJURY (Hame, farr ary, street, affice bldg., etc.)	NDITION GIV	rt II of item 18.) (City ar town)		19. WAS AUTOPSY PERFORMED? YES NO
PART I. DE  Conditions, if on rise to immedia stating the und lost.  PART II. OTHER :  20a. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF Hours)  20c. TIME OF IN-	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a  DUE TO  y, which gave the cause (a), erlying cause  SIGNIFICANT CONDITIONS CON  AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)  JURY Month, Doy, Year  J.m.  19  tify that (1) (this hospi	20b. DES	O DEATH BUT NOT RELA  SCRIBE HOW INJURY OCCURRED  Not While of twork	TED TO TURRED. (20e. PLAC	THE TERMINAL DISEASE CO  (Enter noture of injury in  CE OF INJURY (Hame, farrary, street, affice bldg., etc.	NDITION GIV	rt II of item 18.)  (City ar town)	- , 196	19. WAS AUTOPSY PERFORMED? YES NO COntrol  No that (I) (we) la
Canditians, if on rise to immedia stating the undust.  PART II. OTHER 1  20a. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTH Hour Candidate)  21. I cert sow the	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a  y, which gave to cause (a), erlying cause  DUE TO (c  CO  AS UNDERLYING  G  CAUSE OF DEATH Y MEDICAL EXAMINER)  UNRY Month, Doy, Year	20b. DES	O DEATH BUT NOT RELA  SCRIBE HOW INJURY OCCURRED  Not While of twork	TED TO TURRED. (20e. PLAC	THE TERMINAL DISEASE CO  (Enter noture of injury in  CE OF INJURY (Hame, farrary, street, affice bldg., etc.	NDITION GIV	rt II of item 18.)  (City ar town)	, 19 <u>6</u> and on th	19. WAS AUTOPSY PERFORMED? YES NO   nty) (Stote)  6, that (I) (we) la ne date stated abay
Conditions, if on rise to immedia stating the undust.  PART II. OTHER:  20a. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF Hours)  20b. TIME OF IN Hours.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a  y, which gave tote cause (a), erlying cause  SIGNIFICANT CONDITIONS CON  AS UNDERLYING  G  G  CAUSE OF DEATH Y MEDICAL EXAMINER  JURY Month, Doy, Year  o.m.  19  tify that (I) (this hospideceosed alive on  E	20b. DES  20d. INI While of work ital) ottend	O DEATH BUT NOT RELATED  SCRIBE HOW INJURY OCCURRED  On the street of the deceased of the dece	TED TO TURRED. (20e. PLAC	THE TERMINAL DISEASE CO  (Enter noture of injury in  CE OF INJURY (Hame, farrary, street, affice bldg., etc.)  (1 - 8 -	Port I or Po	(City ar town) ta	, 19 <u>6</u> and on th	19. WAS AUTOPSY PERFORMED? YES NO (Stote)  (Stote)  (A that (I) (we) late date stated abayeage)
Conditions, if on rise to immedia stating the undust.  PART II. OTHER 1200. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIF 20c. TIME OF IN Hour control sow the	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a  y, which gave tote cause (a), erlying cause  SIGNIFICANT CONDITIONS CON  AS UNDERLYING  G  G  CAUSE OF DEATH Y MEDICAL EXAMINER  JURY Month, Doy, Year  o.m.  19  tify that (I) (this hospideceosed alive on  E	20b. DES	O DEATH BUT NOT RELATED  SCRIBE HOW INJURY OCCURRED  On the street of the deceased of the dece	TED TO TURRED. (20e. PLAC	(Enter noture of injury in CE OF INJURY (Hame, farrary, street, affice bldg., etc.)  ATTENDING PHYS.	NDITION GIV	rt II of item 18.)  (City ar town)	, 19 <u>6</u> and on th	19. WAS AUTOPSY PERFORMED? YES NO   nty) (Stote)  6, that (I) (we) la ne date stated abay
Conditions, if on rise to immedia stating the undust.  PART II. OTHER 1  20a. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIF Mour Control of the	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO y, which gave offer cause (a), erlying cause  SIGNIFICANT CONDITIONS CON  AS UNDERLYING  G  CAUSE OF DEATH y MEDICAL EXAMINER) UNDERLYING  UNDERLYING  19  Tify that (I) (this hospi deceosed alive on  E  I   I   I   I   I   I   I   I   I	20b. DES  20d. INI While at work ital) ottend  11 - 2 6	O DEATH BUT NOT RELATED  SCRIBE HOW INJURY OCCURRED  On the street of the deceased of the dece	TED TO	THE TERMINAL DISEASE CO (Enter noture of injury in CE OF INJURY (Home, farrary, street, affice bldg., etc.)  17 - 8 - , 1 death occurred at ATTENDING PHYS.	Port I or Port I	(City ar town) ta(1-26 M, fram causes	, 19 <u>6</u> and on th	19. WAS AUTOPSY PERFORMED? YES NO (Stote)  (Stote)  (A that (I) (we) late date stated abayeage)
PART I. DE  Canditions, if on rise to immedia stating the und lost.  PART II. OTHER :  20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF EITHER,	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a  y, which gave the cause (a), erlying cause  SIGNIFICANT CONDITIONS CON  AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)  JURY Month, Doy, Year  Jury Month, Doy, Year  Jury Month, Doy, Year  Lify that (I) (this hospi deceosed alive on  E  JOSEPH	20b. DES  20d. INI While at work  ital) ottend  11 - 2 6  S E C	O DEATH BUT NOT RELATED  SCRIBE HOW INJURY OCCURRED  Not While of work  1945, of	TED TO TO TO TURRED. (20e. PLACE factor and that M.C.	THE TERMINAL DISEASE CO  (Enter noture of injury in the control of	Port I or Port I	(City ar town)  ta	, 19 <u>6</u> and on th	19. WAS AUTOPSY PERFORMED? YES NO   nty) (Stote)  4. that (I) (we) late date stated above stated
Canditians, if on rise to immedia stating the und lost.  PART II. OTHER 200. ACCIDENT WOOR CONTRIBUTING (IF EITHER, NOTINE 200. TIME OF IN Hour Canal Sow the 220. SIGNATUR 220. SIGNATUR 230. BURIAL, CREMAT	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO y, which gave afte cause (a), erlying cause  AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)  JURY Month, Doy, Year Jun. 19  Tify that (I) (this hospi deceosed alive on  E J J S E PH  TON, 23b. DATE THER	20b. DES  20d. INI While at work  ital) ottend  11 - 2 6  SEC	O DEATH BUT NOT RELA  SCRIBE HOW INJURY OCCURRED  What While at work at the deceased of the de	TED TO T  CURRED. (  20e. PLAC factor  ram_ md that	THE TERMINAL DISEASE CO (Enter noture of injury in  CE OF INJURY (Hame, farrary, street, affice bldg., etc.)  17 - 8 -	Port I or Port I	(City ar town)  ta	-, 19 6 and on the 22b. DA	19. WAS AUTOPSY PERFORMED? YES NO CO
PART I. DE  Canditions, if on rise to immedia stating the und lost.  PART II. OTHER :  20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF EITHER,	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO y, which gave afte cause (a), erlying cause  SIGNIFICANT CONDITIONS CON  AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)  JURY Month, Doy, Year D.m. 19  tify that (I) (this hospi deceosed alive on  E TON, 13  CON  19  19  10  10  11  23  11  28  11  28	20b. DES  20d. INI While at work  ital) ottend  11 - 2 6  SEC	O DEATH BUT NOT RELA  SCRIBE HOW INJURY OCCURRED  What While at work at the deceased of the de	TED TO T  CURRED. (  20e. PLAC factor  ram_ md that	THE TERMINAL DISEASE CO  (Enter noture of injury in  CE OF INJURY (Hame, farrary, street, affice bldg., etc.)  (1-8- t death occurred at  ATTENDING PHYS.  22d. ADDRESS  CREMATORY  CREMATORY	Port I or Port I	(City ar town)  ta	-, 19 6 and on the 22b. DA	19. WAS AUTOPSY PERFORMED? YES NO  (Stote)  (Stote)  (Stote)  (Stote)  (County) (Stote)

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed with the State Dept. af Health priar ta burial, crematian, ar remayar and many event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

VR A15 (4)

A CONTRACT OF THE PARTY OF THE to the same of the THE RESIDENCE OF THE PROPERTY OF THE PARTY O ATTENDATED TO Add organization and the second of the second of the second

## M

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16240

CERTIFICATE OF DEATH

16238

	1. P	PLACE OF DEATH					2. USUAL RESIDENCE (V	Where deceas	sed lived, if institut	ian: Residence	befare admissi	ian)
	4	COUNTY	kan		MARYL	AND	Maryland	77	ashing	NTY to 20		
	b	ashing	autside carparate limit		C. LENGTH OF STAY IN		c. CITY OR TOWN (If ou				negrest town)	
		write RURAL and	give nearest tawn)		100000000000000000000000000000000000000		Hager			inte una givo	211	
'n			stown	s to be sold of	8 Yrs		d. STREET ADDRESS	S COWI.	1		e. IS RESI	DENCE
20	0		L OR INSTITUTION (If no	it in naspital, g	give street address)						ON A F	ARM?
/ -			enna Ave				2504 Pe				YES L	NO XX
		NAME OF DECEASED	Fi	rst	Middle	auto, MESSA	Lost	4. DATE	Man		Day Ye	10
	(	(Type or print)	HARVEY	CLI	EVELAND	-	ARD	DEATH				
49	S. S	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		I. DATE OF BIRTH	9	). AGE (In years last birthday)		YEAR IF UNDE Days Hours	R 24 HRS.
		Male	White	WIDOWED	DIVORCED		Oct 18 18		81 yrs.			
М			(Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (County	& State, or fo	reign country		ZEN OF WHAT	
	auti	ng most of working li	tate Sale	sman	Owner		State Li:	ne Fr	anklin	do de	JSA	
		FATHER'S NAME			Fe7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		14. MOTHER'S MAIDEN	NAME				
		John F	I. Beard				Mary B	owder	· g			
	15.	WAS DECEASED EVER	IN U.S. ARMED FORCES?	16. :	SOCIAL SECURITY NO.	17. 1	NFORMANT	Q11002	Addr	ess		
	(Yes	s, na ar unknawn)	If yes give war ar dates	of service)	14-14-6501	3672	s Edith V	Bes	rd 250	1 Pen	na Awa	
		10 CAUSE OF DE	ATH /Enter only one car			- A L-				T + 0111	INTERVAL BE	
		PART I. DEATI	ATH (Enter only one call H WAS CAUSED BY:	se her lille idi	(a), (b), and (c).)		Hegers	TOWN	Md.	`	ONSET AND	
		421	IMMEDIATE CAUSE				uc je	ven	un.		3 7700	
		Canditians, if any,	DUE	//		,	m 11	1			3 m.	
34		rise to immediate	cause (a),	(b)	- Lan	7	- Lugar	- La	-		0 1101	no
		stating the under	ying cause DUE	1 -	411-	1	101	he.	ed low	120	4.1	
		last.	,	(1)	40000	ru	man /	NDITION OR	V 70		19. WAS AUT	ODCV
	No	PART II. OTHER SIG	NIFICANT CONDITIONS			IED IO I	HE TERMINAL DISEASE COI	NDITION GIVE	EN IN PART 1(0)		PERFORM	MED?
0	S.	Alhe		uni		~e	rayes	1			YES	NO T
	ZIFI	20a. ACCIDENT WAS OR CONTRIBUTING		20b. DE	SCRIBE HOW INDORY OCC	URRED.	Enter nature of failury in	Part 1 or Par	rt II af item 18.)			
	33 1	(IF EITHER, NOTIFY										
	MEDICAL CERTIFICATION	20c. TIME OF INJUI	RY Manth, Day, Year				E OF INJURY (Home, farm		(City or town)	(Cour	nty)	(State)
	ME	Haur a.m p.m	10	While at war!		TOCI	ary, street, affice bldg., etc.	'				
		21. I certif	v that (1) (this has	pital) atten	ded the deceosed f	rom =	417	19 36	10 Novi	5,196	<, that (I) (	(we) last
		saw the de	ceased alive on_	Viv 1	5 1966,0	nd tho	death occurred at	1031	M, from couses	ond on the	e dote stote	d obove.
		22a. SIGNATURE	11/	1	11/1		ATTENDING	MED	STAFF	22b. DA	TE SIGNED	,
		2	It	av.	Muy	M.I	ATTENDING PHYS.	MED. DIRECTOR	PHYS.	] ///	16/6	6
		22c. PHYSICIAN'S	-		, 0 ,	1	22d. ADDRESS				100	,
1		NAME (Type)	L. L.	1 C	Ken J.	/(	141	ger	store	~,	Mod	
	23a	. BURIAL, CREMATIO	N, 23b. DATE TH	EREOF	23c. NAME OF CEMET	ERY OR	REMATORY	23d. LC	OCATION (City or To	own) (	Caunty) (	State)
		REMOVAL (Specify)	77/78	1/66	Beautifu	7 V	iew Cenet	arre S	State L	ine W	ash Co	1 2
	24	. FUNERAL DIRECTOR	Hager	stown		- de		D BY REGIST	RAR 2Sb. R	EGISTRAR'S SIC		And I
1	1	Andrew I			eral Home	In	C BARV	2 1 19	366 HCL	iarles	Judges	1

and campletely filled in by the funeral remave carban papers. Pages 1 and 2 In any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 shauld be detached far use as the burial-transit permit. Then please shauld be filed with the State Dept. af Health priar ta burial, crematian, or remaval, artist

> VR A15 (4) 20 M 1/66

FOR STATE HEALTH DEPT.

TO BEPUTY ME. EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please executs the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to be funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

And in any event within 72 hours after death. TO FUNERAL DIRECTOR: Page 3 should be used as a burlal-transit permit. If VR AISME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINED'S OFFICIAL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF T

10737	MICDIOAL LAAMINILA	CENTIFICATE OF DEATH	10233
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If Institution: F	
(1)	eshinaton MARYLAND	e. STATE b. COUNTY	Ducens
b. CITY OR TOWN (If outside	le corporate limite   L. L. FNCTH OF STAY IN 15	c. CITY OR TOWN (If outside corporete limits, write RURAL	
Write RURAL and give n			19.2
d. NAME OF HOSPITAL OR I	INSTITUTION (If not in hospital, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE
1111		116-26 202 nd St.	ON A FARM?
Washington	County Itespitel	1170	YES NO DEL
NAME OF DECEASED	First Middle	Lest 4. DATE Month	Dey Year
(Type or print)	JAMES Thomas	BRUSON JE DEATH NOV.	11. 1966
SEX 6. COLOR	OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH  9. AGE (In years   IF UNDER   Months   Months	Days Hours   Min.
7.0	ored WIDOWED DIVORCED	2/23/1940 26 yrs.	Days Hours Imm.
De. USUAL OCCUPATION (Give kill uring most of working life, eve	nd of work done 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. C	ITIZEN OF WHAT OUNTRY?
A magazine	Matien N.Y. Bell Telephon		1.5.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
James	Benson	Ruby Dent	
15. WAS DECEASED EVER IN U.S.	ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address	
Yes, no, or unkown) (If yes give w		Villiam Benson 1376 Wright De	Va stand
I 18. CAUSE OF DEATH CENT	ter only one ceuse per line for (a), (b), and (c).]	William Benson 1376 Wright De	I INTERVAL BETWEEN
PART I. DEATH WAS C	AUSED BY:		ONSET AND DEATH
IMMEDIA	TE CAUSE (e)		3111
Conditions, If any, which	DUE TO DI	Whatter & chest contrains	
gave rise to immediate	The state of the s	a ference & contrains	
cause (e), stating the	DUE TO	0	
underlying cause last.	(C)	ATTO TO THE TERMINAL DISEASE CONDITION CIVEN IN DART I/O	119. WAS AUTOPSY
PARTITIONER SIGNIFICAN	I CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	PERFORMED?
			YES NO
20a. EXTERNAL CAUSE WA PRIMARY OF CONTRIBUT CAUSE OF DEATH.	ING Uhila a hussinger	BURRED. (Enter nature of injury in Part I or Part II of Item 18	on Tumpike
CAUSE OF DEATH.	17)11000 1051 004	I'm of CAN DECIMOSE OF MIGH	wids
20c. TIME OF INJURY Mo		ACE OF INJURY (Home, farm, 20f. (City or (gwn) (Corpry, street, office bldg., etg.)	unty) (State)
20a. EXTERNAL CAUSE WARPRIMARY OF CONTRIBUT CAUSE OF DEATH.  20c. TIME OF INJURY MO. HOUR Sm. W. A.		some Trapke new Macanells	ay oa
	ok charge of the remains described above, he	eld an Autopsy 0, Inspection , Inquiry ,	and in my opinion
death resulted from:		picide . Homicide . Undetermined manner	
	71 00	CHIEF MEDICAL EXAMINER	
ACTUAL	Deal hallete	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
SIGNATURE	- Control of	DEPUTY MEDICAL EXAMINER	ulula.
EXAMINER'S HO	UM N- WEEKS	Address Street, City, Town, or county) Hary . I	bed 11/11/6 @
3a. BURIAL, CREMATION, 23 REMOVAL (Specify)	b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or co	unty) (State)
Burial N		tead Coungstown O	hie
24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	'S SIGNATURE
Mª Cullough Wi	Miums Dr. 620 Belmost Ave.	ON - 1 DATE NOV 16 1966 /Clia	welly Judge

New York The state of the state of St. Alberra 176 - 25 25 2 mg Ke will after Charles Hilly tel. with the state of Mate Colored Server x x 2/23/18 40 21 Comment Frederick M. W. Wen Tryan Very time one Roby Dent James Bensen Beer to the Walton Beers 1921 1921 19 19 19 The second secon THE RESERVE AND THE PROPERTY OF THE PARTY OF the of her 19 the test of the section . The The first hand to the state of the state of

FOR STATE DEPT.

any delay is

This certificate shauld be executed within 24 hours after death. If

TO DEPUTY MEDICAL EXAMINER:

phone 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Health ar its designated agent, priar ta burial, crematian, ar remaval, and

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with form PM3. Page

and 2 with the State Department af event within 72 haurs after death. MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 16242

16240

PLACE OF DEATH     O. COUNTY	Washington	n MARYLA	o. STATE	(Where deceosed lived	b COLINTY -	ence before odmission)  ferson
b. CITY OR TOWN write RURAL or Hagers	(If outside corporate limits, nd give nearest town)	c. LENGTH OF STAY IN	c. CITY OR TOWN (If	outside corporate limit	s, write RURAL and gi	ive neorest town)
	ITAL OR INSTITUTION (If not in h	ospital, give street address)	d. STREET ADDRESS	300 111		e. IS RESIDENCE
2474	gton County		S. Same	uel St.		ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First	Middle <b>Elias</b>	Breeneman	4. DATE OF DEATH	Month Nov.	Day Year 14, 19 66
S. SEX male	4.4.4	ARRIED NEVER MARRIED  DOWED DIVORCED	B. DATE OF BIRTH	9. AGE (		R 1 YEAR   IF UNDER 24 HRS.
during most of working Mgr.	ON (Give kind of wark done	10b. KIND OF BUSINESS OR Pe & Cold Sto	11. BIRTHPLACE (Storage Char)	te or foreign country	ennsylvan	CHIZEN OF WHAT OUNTRY?
13. FATHER'S NAME	Abram H. Br	eneman	14. MOTHER'S MAIDE	lary C. H	eagy	
	/ER IN U.S. ARMED FORCES? (If yes give war or dotes of servi	16. SOCIAL SECURITY NO.	Smith Funr	al Home,	Address Charles	town, W. Va.
PART 1. DE	y, which gove ) DUE TO  (b)  ote couse (o), DUE TO	Congestive h			5e	onset and Death sev. days years
PART II. OTHER S		BUTING TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PA	ART 1(o)	19. WAS AUTOPSY PERFORMED?
Fra Fra	acture of ri	ght hip				YES NO X
Fre 200. EXTERNAL CE PRIMARY OF OF CAUSE OF DEATH.  20c. TIME OF IN HOUR OF IN	ONTRIBUTING <b>X</b>	Pt. fell o	URRED. (Enter noture of injury n steps goi			vices
20c. TIME OF IN	JURY Month, Doy, Yeor		Oe. PLACE OF INJURY (Home, for			ounty) (Stote)
0.10 b	10/16 166	While Not While B		osp. Rt.	5 Wa	sh. Md.
	fy that I took charge of Ited from: Notural cou	the remoins described obouses <b>x</b> , Accident ,	Suicide , Homici		nined monner	ond in my opinion
ACTUAL SIGNATURE	Housel.	Melechy	A JA ASSISTANT A	AL EXAMINER	700 N	22. DATE SIGNED
EXAMINER'S NAME (Type)	Howard N.	Weeks, M.D.	DEPUTY MED Address (Str	DICAL EXAMINER Σ	Hagers	hern Ave. town, Md.
230. BURIAL, CREMAT REMOVAL (Specif <b>buria1</b>	11-16-6	23c. NAME OF CEMETE Canadoch	RY OR CREMATORY  1 y Cemetery 250. R	23d. LOCATION Delray	, YorkCo	
24. FUNERAL DIRECT Minnic	ch Funeral He	ome, Hagersto	own, Md. DATE	NOV 17 1	25b. REGISTRAR'S 966 ACL	SIGNATURE Judge

VR A15ME (5) 6M 1/66

there il. Lerograms THE EAST OF THE PARTY OF THE PARTY OF THE PARTY OF ... . - - The Let and Land Land Land Land FOR STATE

VR ALSME (5) 1/65

16248 HEALTH DEPT. PLACE OF DEATH a. COUNTY WASHINGTON Department after death. b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN 41 YRS. L ay had a to the Page State hours 218 WEST SIDE AVENUE 2, and PM3. NAME OF First Middle DECEASED CLARA JOSEPHINE (Type or print) 5. SEX 6. COLOR OR RACE er death. If ive Pages 1, with form 7. MARRIED E S FEMALE WIOOWED X **OIVORCED** 1Da. USUAL OCCUPATION (Give kind of work dona | 10b, KIND OF BUSINESS OR Give during most of working lifa, even if retired) INDUSTRY  $\overline{\phantom{a}}$ RETIRED POP CORN MFG. along pages 1 in any 13. FATHER'S NAME hours Item 18 JOHN H. HEIL in Item Office 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) " in pencil ir Examiner's 218-38-1791 executed within NO per PART I. DEATH WAS CAUSED BY burial-transit cremation, or IMMEDIATE CAUSE (a) EXAMINER: This certificate should be execut the certificate, writing the word "pending" should be forwarded to the Chief Medical Er files. **OUE TO** Head. Conditions, If any, which (b) gava rise to immediata **OUE TO** cause (a), stating the 53 undarlying causa last. (c) used as to burial CERTIFICATI o be 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. should ent, pri 3 shou 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Oay, Year Hour a.m. While Not While CTOR: Page designated at work at work DIRECTOR: death resulted from: Natural causes Accident execute the r. Page 4 s d for your its SIGNATURE 10 FUNERAL I please ex director. retained f **EXAMINER'S** JR. EDWARD NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 40 0 1.1966 BURIAL ADDRESS 24. FUNERAL DIRECTOR

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. CDUNTY WASHINGTON MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AOORESS a. IS RESIDENCE ON A FARM? 218 WEST SIDE AVENUE NO K YES DATE Month Year Last 4. BRENNEMAN DEATH NOVEMBER 66 19 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. OATE OF BIRTH NEVER MARRIED last birthday) Months i Days Hours APRIL 14.1894 12. CITIZEN OF WHAT BIRTHPLACE (State or foreign country) COUNTRY? SELF EMPLOYED MARYLAND U.S.A. MOTHER'S MAIDEN NAME CLARA GROSS HAGERSTOWN . AMARYLAND 16. SDCIAL SECURITY ND. | 17. INFORMANT MRS. FRANK M. CROSSWHITE 113 BROADWAY INTERVAL BETWEEN CAUSE OF DEATH [Enter only ona cause per line for (a), (b), and (c).] ONSET AND DEATH Several Suffocation By Tring Plastic Bag Over Her Minutes PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO X YES T DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)

120e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) factory, street, office bldg., atc.) 21. I certify that I took charge of the remains described above, held an Autopsv Inspection X Inquiry and In my opinion Undetermined manner Suicide Homicide CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER X M.D. 215 W. WASHINGS STREETLY, THAGERSTOWN, MD. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) HAGERSTOWN ROSE HILL CEMETER 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE CHARLES M. ROUZER HAGERSTOWN, MARYLAND

ALL THE REPORT OF THE PARTY OF the same of the sa STATE OF THE PROPERTY OF THE PARTY OF THE PA TO SEE THE PARTY OF THE PARTY O MATTER AND DEAL BAIRS A TURNEY

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fureral director, page 3 should be detached for use as the burial-transit permit. They please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deat

VR A15 (4) 20 M 1/66

	16244	CERTIFICAT	TE OF DEATH		16242
	COUNTY Washington	MARYLAND	2. USUAL RESIDENCE ( a. STATE Md.		itutian: Residence befare admission) DUNTY Allegany
b	CITY OR TOWN (If autside carparate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or Barton	utside carparate limits, write	RURAL and give nearest tawn)
	NAME OF HOSPITAL OR INSTITUTION (If not in Factor Maryland State		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES \( \sum \) NO \( \mathbb{K}
D	AME OF First ECEASED (Ype or print) Anna	Bell Broadwa	Last	0.5	anth Day Year
S. S	569 9 4	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRT 893	9. AGE (In years	Manths Days Haurs Min.
	USUAL OCCUPATION (Give kind af wark dane most of warking lite, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. SIRTHPLACE (County	/ & State, ar fòreign cauntry)  Md • (	12. CITIZEN OF WHAT COUNTRY?
	FATHER'S NAME		14. MOTHER'S MAIDEN		
	Villiam Wilt	The social security no. The		n (Will)	11
(Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? , na, ar unknawn) (If yes give war ar dates af serv	rice)	. INFORMANT Jesse Broadw	ater-Barton.	Md.
	18. CAUSE OF DEATH (Enter only one cause pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	r line far (a), (b), and (c).)	e Cerebro	1. Vascul	INTERVAL BETWEEN ONSET AND DEATH
	33 1X DUE TO	1.1	1 0	Accident	5 VVS
	Canditians, if any, which gave (b)	Arteriosc	levosis, C	erebral	JYIG
	stating the underlying cause DUE 10				
-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
E L					YES NO
CERTIFICATION	20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I ar Part II af item 18.)	
MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19		LACE OF INJURY (Hame, farr actary, street, affice bldg., etc.		(County) (State)
	21. 1 certify that (I) (this hospital sow the deceased olive on N	our 4 , 19 66 , and the	march 24, not death accurred at	19.66 to Nov.	es ond on the date stated obox
	22a. SIGNATURE	1 12000	M.D. ATTENDING D	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED  #1-4-66
	22c. PHYSICIAN'S Edwin G	Riley		esteen md. s	napuland
				والمراز	
	BURIAL, CREMATION, 23b. DATE THEREOF 11/7/66	23c. NAME OF CEMETERY C		23d. LOCATION (City ar	Town) (Caunty) (State)

Westernport.

1966

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anna Bell Brandwater

The state of the s

Jel and Lie

Joseph Reader For Strick of Strick

Acute Cembros Accident Artenoscleosis, Cerebral

(LII)

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Hedre Buch Morry and

4000

4 . . . .

the termeters.

Edwin G.

after death. funeral hours 2

executed

certificate

death

The law requires that the

PHYSICIAN:

ATTENDING

be

Page 4 may HOSPITAL TO FUNERAL

death. the f afti Pag rs. Pag filled bon papers within 72 completely i event. ease remove D any an physician a = and removal attending permit. Then 0 the per emation. igned by or attending physician. 5 n signe burial-t burial, been the or to prior as After this certificate had be detached for use e State Dept. of Health for use Health retained by the hospital

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10233	GERTIFICATE	UF DEATH	16243
PLACE OF DEATH a. COUNTY Washington	MARYLANO	2. USUAL RESIDENCE (Where dece a. STATE Maryland	ased lived, If institution: Residence before admission) b. COUNTY Washington

b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Hagerstown Marvland Vrs. Hagerstown

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)

Washington County Hospital

d. STREET ADDRESS é. IS RESIDENCE ON A FARM? Bethel Street NO X YES

NAME OF First Middle Last DATE Month Year 4. DECEASED OF (Type or print) Tula DEATH Bryant Nov 70 no 66 6. COLOR OR RACE OATE OF BIRTH AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Oavs Hours Min. 189

Female Colored WIDOWEO X DIVORCEO Mar 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) Domestic Private

Famil Clarkville Tenn. 12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME

Mose Person Bellua 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT

Cross Address

(Yes, no, or unkown) | (If yes give war or dates of service) 490 Cornelia Eubanks 647 no

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)

**OUE TO** 

ONSET AND DEATH

INTERVAL BETWEEN

Forest

Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.

Hour a.m.

NAME (Type)

REMOVAL (Specify)

Burial

(b) DUE TO

CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING F DESCRIBE HOW INJURY OCCURREO. (Enter nature of Injury in Part I or Part II of Item 18.)

WAS AUTOPSY PERFORMED? NO T YES

OR CONTRIBUTING CAUSE OF OF ATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year

While Not While

20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

Cemeterv

20f. (City or town)

(State) (County)

p.m. 19 at work 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on\_

at work

Rose Hill

1950 to Wow 10 .19.66, and that death occurred at 630p M, from the causes and on the date stated above.

22a. SIGNATURE PHYSICIAN'S 22C.

ATTENDING PHYS. DIRECTOR PHYS 22d. **ADORESS** 

11-15-66 Strington

22b. DATE SIGNED

0777704 BURIAL, CREMATION. 23b. DATE THEREOF Nov

NAME OF CEMETERY OR CREMATORY

M.D.

LOCATION (City, town or county)

25b.

(State) gerstown

24. FUNERAL DIRECTOR

966

REC'O BY REGISTRAR

REGISTRAR

A15 (4) 20M

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should DIRECTOR:

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page

director, p

MEDICAL

E4801 16845

MARKUE TAIL SOLLING IN ASSESSED LINE IN THE STREET

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Commence of the second of the

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 26246 CERTIFICATE OF DEATH 15244

1.	PLACE DF DEATH a. COUNTY						E (Where det	eased lived, If in		sidence b	efore admission)
		WASHINGTON		MARYLAN	a. ST	MA	RYLAN		WA		IGTON
	b. CITY OR TOWN	N (if outside corpora and give nearest tov	te limits,	c. LENGTH OF STAY IN	1b c. CITY	OR TOWN (If	outside cor	porate limits, w	rite RURAL 6	end give	nearest town)
	HAGI	TROLOMN		7 DAYS		E	HAGERS?	OWN		21 -	1
	d. NAME OF HOS	PITAL OR INSTITUTIO	N (if not in h	ospital, give street addr	ess) d. STREE	TADDRESS			1000	θ.	IS RESIDENCE ON A FARM?
	WASHINGTO	ON COUNTY H	IOSPITA	L	1	25 LAUF	EL STE	REET			S NO X
	NAME DF		rst	Middle	La		4. DATE	Mont	h	Day	Year
	(Type or print)	MISSOUR	I	N.M.N.	CALHOUR	J	DF DEATH	NOVEMB	ER	12	19 66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE O	F BIRTH	9.	AGE (In years last birthday)	IF UNDER 1		
F	EMALE	WHITE	WIDOWED	DIVORCED	MARCH	14,18	75	91 yrs.	Months	Days	Hours Min.
10a	. USUAL OCCUPAT	ION (Give kind of work ng life, even If retire	done 10b. K	IND OF BUSINESS OR	11. BIR	THPLACE (CO	ounty & State	or foreign country		TIZEN OF UNTRY?	WHAT
941	DOMESTI		"	HOTEL	W.	EST VI	RGINIA		000		5.A.
13.	FATHER'S NAM				14. MO	THER'S MAID	EN NAME				
		UNE	NOWN			UNKNO	NWN				
		VER IN U.S. ARMED FO		SOCIAL SECURITY NO.	17. INFORMAN	TI.		Addre	ess		
(16	NO WILLIAM	(11 les fine wat at nages (	2	14-09-1635A	WELFARE	BOARI	HAGE	ERSTOWN,	MARYL	AND	
ĺ	18. CAUSE OF I	DEATH [Enter only or	e cause per l	ine for (a), (b), and (c).]		A			1	INTERV	AL BETWEEN AND DEATH
	PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE		moscolen	0 000	10116	aleu	u. 191	id,	UNSE	AND DEATH
	334	DUE DUE			A	-	- 0			10	1
	Conditions, If		(b)	2 Mindra	llon of	-20	roke	3		110	xausa
	gave rise to	DITE	TO							7	
	cause (a), st underlying caus	acing are	(c)								
8	PART II. OTHER S	IGNIFICANT CONDITI		UTING TO DEATH BUT NOT	RELATED TO TH	ETERMINAL	ISEASE CON	DITION GIVEN IN	PART 1(a)	19. V	WAS AUTOPSY PERFORMED?
S										YES	
CERTIFICATION	20a. ACCIDENT	WAS UNDERLYING ☐ NG ☐ CAUSE OF DEA	тн 20b.	DESCRIBE HOW INJURY	OCCURRED. (En	ter nature of	injury in P	ert I or Part II	of Item 18.)	)	
- 1	(IF EITHER, NOT	IFY MEDICAL EXAMI	NER)								
MEDICAL		NJURY Month, Day,			PLACE OF INJU			(City or town)	(Cour	nty)	(State)
MED	Hour a.n		While at wor	Mot while		/ov blug., c	17	1/1/	/	//	
2				ed the deceased from	2/12	1	965 to	11/1/2	19 6	that	t (I) (we) last
		eased alive on	11/1	2 1906, and	that death oc	curred at		om the causes			
	22a. SIGNATUR		111							ATE SIGN	
	1	DIMA	un	/	M.D. PHYS.	DING T	MED. DIRECTOR	STAFF PHYS.	11/1/	151	60
	22c. PHYSICIA NAME (Ty	1001			22d.	ADDRESS					
	MANUE (1)	DONALD	E. MAR	TIN M.D.	4:	18 N. I		ST. HA			MD.
23a	BURIAL, CREM	ATION, 23b. DATE		23c. NAME OF CEME		ATORY		OCATION (City, 1			(State)
	BURIAL, CREM BURIAL (Spe		1966	ROSE HILL C	DIVID! DISY		1	AGERSTOW	-		
24	. FUNERAL DIRE	CTOR		ADDRESS		25a. RE	C'D BY REGI	STRAR 25b. F	REGISTRAR'S	S SIGNAT	TURE
	CHARLES	M. ROUZER	HAGER	STOWN, MARYI	AND	DATE	UV 18	3 1956	mel.		A
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TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending this ician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Their please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

			MAKTLAND 5	IAIE DEPAK	IMENI UF	HEALIH		
	DIVISION	OF STATISTICAL	<b>RESEARCH AND</b>	RECORDS, 301	W. PRESTON	STREET. E	BALTIMORE 1	. MARYLAND
4	001.7		RESEARCH AND CERT	TITIOATE C	E DEATH		1	C9/15
	0624		GERI	IFIGALE	IF DEATH			1) (4.)

1.	PLACE DF DEATH	1				E (Where dece			dence before admission)
	a. CDUNT?	WASHINGTON		MARYLAND	a. STATE MAI	RYLAND	b. COUNT		SHINGTON
	b. CITY OR TOW	N (if outside cornorat	e limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corpo	orate limits, writ	e RURAL and	d give nearest town)
	HAGE	and give nearest tow RSTOWN	n)	3 YRS.	НА	GERSTOW	N	21	1.1
	d. NAME OF HO	PITAL OR INSTITUTIO	N (if not In he	ospital, give street address)	d. STREET ADDRESS	41110101	24		e. IS RESIDENCE
	640 OAK	HILL AVENU	JE		640 01	AK HILL	AVENUE		ON A FARM? YES ND X
3.	NAME OF DECEASED	Fit	rst	Middle	Last	4. DATE	Month		Day Year
	(Type or print)	MARGUEF	RITE	ADAIR C	AMPBELL	DEATH	NOVEMBE		
5.	SEX	6. CDLOR OR RACE	7. MARRIED	NEVER MARRIED X	8. DATE OF BIRTH	9.	AGE (In years   I last birthday)		EAR IF UNDER 24 HRS.
I	TEMALE	WHITE	WIDDWED	DIVORCED	JUNE 15, 188		82 yrs.	wontuis Da	lys Hours Min.
	USUAL DCCUPATING MOST OF WORK	ION (Give kind of work) ing life, even if retire	done 10b. K	IND DF BUSINESS OR IDUSTRY	11. BIRTHPLACE (CO		and the second	COUN	ZEN OF WHAT
	FATHER'S NAM				FRANKLIN (		NIVA.	1	I.D.B.
		ALEXANDER	CAMPBE	LL	TATLETAN	N PATTE	RSON		
15	. WAS DECEASED	EVER IN U.S. ARMED FD		SOCIAL SECURITY NO.   17.	INCOPMANT		Address	awding.	2041 6
(10	s, no, or unkown) NO	(If yes give war or dates o			NATIONAL B	BANK		SHING	
	18. CAUSE DF	DEATH [Enter only on		ne for (a), (b), and (c).]		20001	7168		NTERVAL BETWEEN
Ċ.	PART I. DE	ATH WAS CAUSED BY	a ada	en ocareni oma	al traverior	1-16 (	olar		ONSET AND DEATH
	1531		(a) 0000	extunive a	1 1 1 1 1	201/200	10		3 1/2 xx -
	Cenditions, If	any, which \		yrunive a	course er as	nuppus	rusta		Jus -
	gave rise to	Immediate (	(b)						
	cause (a), si underlying caus	rating the						-	
NO			(c) DNS CDNTRIBU	TING TO DEATH BUT NOT REL	ATED TO THE TERMINAL D	DISEASE COND	ITION GIVEN IN P	ART1(a)	19. WAS AUTDPSY
CATI									PERFORMED? YES NO
CERTIFICATION	20a. ACCIDENT OR CONTRIBUTI	WAS UNDERLYING AND CAUSE DE DEATIFY MEDICAL EXAMIN	TH VER)	DESCRIBE HOW INJURY OCC	URRED. (Enter nature of	f injury in Par	t I or Part II of	Item 18.)	
		INJURY Month, Day,		NJURY OCCURRED   20e. PL	ACE OF INJURY (Home, fa	arm   20f (C	Ity or town)	(Count)	y) (State)
MEDICAL	Hour a.r	n.	While at work	Not While facto	ory, street, office bldg., e		,	(000,10)	
	21. I certif	y that (I) (this hosp	ital) attende	ed the deceased from	(0/11, 1	9.37, to_	11/16	, 1966	, that (I) (we) last
	saw the de	ceased alive on		1/15 19 66, and tha	t death occurred at 4	MAM, from	n the causes a		
	22a. SIGNATU	RE /	. /		ATTEMPING	MED	CTAFE	22b. DATE	ESIGNED
		John JJ	tom	ezhres M.	D. PHYS.	MED. DIRECTOR	STAFF PHYS.	11/1	7/1966
	22c. PHYSICIA NAME (T		. HORNE	BAKER M. D.	22d. ADDRESS 154 W WA	SH. ST.	HAGERST	rown, 1	MD.
232	. BURIAL, CREM	ATION, 23b. DATE	HEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOC	ATION (City, tov	vn or count	y) (State)
	BURIAL, CREM BURIAL (Sp.	ecify) 11/18/	1966	PRESBYTERIA	CEM.	HOLI	LIDAYSBU	RG, PE	NNA.
24	. FUNERAL DIRE	CTOR	Mode	ADDRESS	25a. REC	C'D BY REGIST	RAR 25b. RE	GISTRAR'S	SIGNATURE
	CHARLES	M. ROUZER	HAGERS	TOWN MARYLAND	DATEV	2 1 19	66 gale	arles	Judge
=								- 0	7 - 0

VR A15 (4) 20 M 1/65

department of death 16245

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CHARLES THE TAXABLE STREET

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JOHN H. HERMARKS M. J. . . . 150 W. Wien. . I. Paus atomi, MD.

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CALLES, N. TOURS GARGES ON, MARKET

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16248 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b COUNTY c. LENGTH OF STAY IN 16 OR TOWN (If autside corparate corporate limits, write RURA and give d. STREET ADDRESS e. IS RESIDENCE ON A FARM? HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) YES NO X NAME OF Middle DATE Manth Day Year DECEASED (Type or print DEATH 1 YEAR S. SEX DATE OF BIRTH 9. AGE (In year **NEVER MARRIED** B. 6. COLOR OR RACE 7. MARRIED birthdoy) Manths Days Hours WIDOWED DIVORCED OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT INDUSTRY FATHER'S NAME AVAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN 16. SOCIAL SECURITY NO. (Yes, no, ar unknown) (If yes give war ar dates of service CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate couse (a), DUE TO stating the underlying couse WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES | 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH

executed within 24 haurs after bon papers. Within 72 hc filled in I remove texbon campletely event, and in any pup The law requires that the death certificate be physician ( ease a ar remaval, the attending physnsit permit. Then p crematian, signed by the burial-transit burial, cremati be retained by the haspital ar attending physician. ro FUNERAL DIRECTOR: After this certificate has been as the Dept. af Health priar to detached directar, page 3 should shauld be filed with the Page 4 may b

death.

by the funeral Pages 1 and

after

hours

21. I certify that (1) (this hospital) attended the deceased fram sow the deceased dive an 22a. SIGNATURE

22c. PHYSICIAN'S NAME (Type)

23a. BURIAL, CREMATION

24. FUNERAL DIRECTOR

MOVAL (Specify)

MEDICAL

(IF EITHER, NOTIFY MEDICAL EXAMINER)

Haur a.m.

20c. TIME OF INJURY Month, Day, Year

19

23b. DATE THEREOF

M.D.

ADDRESS

20d. INJURY OCCURRED

PHYS. DIRECTOR 22d. ADDRESS

MED.

REGISTRAR

20e. PLACE OF INJURY (Home, farm,

and that death occurred at

factory, street, affice bldg., etc.)

**ATTENDING** 

PHYS

STAFF

(City or town)

22b. DATE SIGNED.

(County)

(County)

M, from couses and an the date stoted obove.

(Stote)

(State)

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)

2Sa. REC'D BY

2Sb. REGISTRAR'S SIGNATURE

1866

VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16249

## CERTIFICATE OF DEATH

16247

	g. COL	OF DEATH JNTY shingto	27		MARYL	AND	2. USUAL RESIDENCE a. STATE Maryla		b. COU			admissia	n)
			utside corparate limi	ts.	c. LENGTH OF STAY IN		c. CITY OR TOWN (If o					town)	
	WII	te RURAL and g	ive negrest town)				Hagers			3	2	1./	
0			OR INSTITUTION (If n	at in haspital, a	ive street address)		d. STREET ADDRESS	COWII			0	. IS RESID	ENCE
9			n County				18 Snyo	der Av	е.			ON A FA	RM?
	3. NAME DECEA		F	irst	Middle		Last	4. DATE OF	Mar	th	Day	Yeo	ır
		or print)	Ni	na	Irene		Clark	DEATH	Nove		9,	19	66
18	S. SEX	6	. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In years Last birthdoy)	IF UNDER Months		Hours	24 HRS.
	Fe	male	White	WIDOWED	DIVORCED		arch 27, 18	386	80 birthdoy) yrs.	7	12s	110013	PHIL.
	10a. USUA	L OCCUPATION (G	ive kind of work dane		ND OF BUSINESS OR		11. BIRTHPLACE (Count	y & State, ar fa	areign country)		TIZEN OF DUNTRY?	WHAT	
	Ho	st of working life	er	0	oustry wn Home		Washing	gton Co	o., Md.	- "		5. A.	
	13. FATH	ER'S NAME					14. MOTHER'S MAIDEN				750		
	Be	njamin	F. Clark				Jane I	Harmon					
	IS. WAS	DECEASED EVER I	NU.S. ARMED FORCES?	16. 5	OCIAL SECURITY NO.	17. 1	NFORMANT		Hedd	erstov	m, l	id.	
	No	or unknown) (II	yes give war or dotes	or service) 22	0-30-9039	Mr	s.Mary E. H	Hartman	-				
	1B.		H (Enter only one co WAS CAUSED BY:	use per line for	(a), (b), and (c).)		0				INTE	RVAL BETY ET AND D	WEEN
Н		PAKI I. DEATH	IMMEDIATE CAUSE	(a) Q	eller	120	morely	2			12	שיקוב	0
36		331X		10	-0						1	7	
25		litions, if onγ, w ta immediate c	duse (o)	(b) 10	pere	UK	lu	400					
	statir	ng the underlyi		10	00								
	lost.		,	(c)							1		
2	No PART	II. OTHER SIGN	FICANT CONDITIONS	CONTRIBUTING TO	O DEATH BUT NOT RELA	TED TO T	HE TERMINAL DISEASE CO	ONDITION GIVE	EN IN PART 1(a)			WAS AUTO	ED?
	3 200	ACCIDENT WAS U	NDEBLYING T	Took pro	CDIDE HOW INDIDA OCC	HIDDED /	Enter noture of injury in	Deet I as Dee	n 11 of inc. 10 \	_	y Ł	S	NO KI
	OR C	ONTRIBUTING [		205. DES	CKIDE HOW INJURY OCC	UKKED. (	chief notore of injury in	ran I ar rar	ri ii of item 16.)				
	₹ 20c.	TIME OF INJURY	Manth, Day, Year				E OF INJURY (Home, for		(City or town)	(Co	unty)	(:	State)
	WE	Haur o.m. p.m.	19	While of wark	Not While at work	tacto	ory, street, affice bldg., etc	1/1	nh.	10	, ,	-	,
	1	21. I certify	that (I) (this ha	spital) attend	led the deleased f	ram		19 10	ta 1000	1, 19	y, the	ot (I) (s	ve) last
	S	saw the dece	eased alive an_	NSV 4	19 61, ai	nd that	death accurred a	YOUTN	M, fram causes	and an t	he date	stated	abave.
	220.	. SIGNATURE	0000	1			ATTENDING 👝	MED.	STAFF C	22b. D	ATE SIGNE	D/	, ,
	1	TO	Will	UYU	Cuto	M.D	PHYS.	DIRECTOR	L PHYS. L	7/1/	11.	16	0
	22c.	PHYSIGIAN'S NAME (Type)	Donald E	. Martin	n, M.D.		22d. ADDRESS 418 N. P	otomac	St., Ha	gerst	own,	Md.	
	23a. BUR	IAL, CREMATION,	23b. DATE TH	IEREOF	23c. NAME OF CEMET	ERY OR (	REMATORY	23d. LC	OCATION (City or To	wn)	(County)	(St	ate)
	Bur	OVAL (Specify)	11-	12- 66	Funkete	ו מער	Cemeterv		unkstown				11.1
		ERAL DIRECTOR			ADDRESS	1111	27 N OF (	P BY REGISTS	PARCC 25by	GISTRAR'S	IGNATUR	E	
0	John	H. Bast	t, Jr. 112	N. Maj	in St. Boon	sboi	o Md DATE	14	1300	Marca	o Ju	sge.	

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in factor event, within 72 haurs after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

16248

1. PLACE OF OEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Washington yland State Hosp MARYLANO	a. STATE Maryland Montgomery
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Hagerstown	Takoma Park
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET AOORESS  e. IS RESIDENCE ON A FARM?
Western Maryla nd State Hosp.	1106 - Jackson Ave.   YES   NOK
3. NAME OF DECEASED First Middle	Last 4. OATE Month Oay Year OF
(Type or print) - Weence	DEATH  DE
5. SEX 6. CQLOR OR RACE 7. MARRIEO NEVER MARRIEO 8	ast birthday) Months   Oavs   Hours   Min.
Female White WIDOWED OIVORCEO	6-14-10 11-988 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KINO OF BUSINESS OR INOUSTRY	11. BIRTHPLACE (County & State, of foreign country) 12. CITIZEN OF WHAT COUNTRY?  Arkan sas
Housewife -	The state of the s
13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME Emlie Youngblood
Andrew J. Purser	Filling Louisbrook
	INFORMANT Address
(Yes, no, or unknown) (If yes give war or dates of service) 219-54-9491	Mrs.Clara B. Binswanger (above
1 18. CAUSE OF DEATH [Enter only one cause per line for.(a), (b), and (c).]	(DEDICATE) INTERVAL BETWEEN
PART I. OEATH WAS CAUSED BY:	Mumous 2 Days
IMMEDIATE CAUSE (a)	- Harrist
Conditions, if any, which	16.11
Conditions, if any, which gave rise to Immediate (b)	1717
cause (a), stating the OUE TO	
underlying cause last. (c)	TO WAS AUTODOV
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO?
5 (literascleratio Car	alloras culas reverse VES NOX
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELA  LE CONTRIBUTING CAUSE OF OEATH OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RREO. (Enter nature of injury in Part I or Part II of Item 18.)
factor	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)
Hour a.m.  p.m.  19 While Not While at work at work	
21. 1 certify that (I) (this hospital) attended the deceased from.	(3-5,1965, to 1/-5, 1966 that (1) (we) last
saw the deceased alive on 1900, and that	death occurred at 23M, from the causes and on the date stated above.
22a. SIGNATURE	22b. OATE SIGNEO
March The STI	ATTENOING MED, STAFF NI 1-566
22c. PHYSICIAN'S M.O	22d. AOORESS
NAME (Type) FR FURD NIEGO	1500 tenna. avenue Hageston
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	
REMOVAL (Specify) Burial 11/9/66 Fort Linco	In Cem.   Colmar Manor, Md. Md.
24. FUNERAL DIRECTOR AODRESS .	1 25a. REC'O BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
Nalley's Mt. Rain Funeral Home Inc. Maryland	MIN TI TOLE WILLIAM O. VIII AND
Funeral Home Inc. Maryland	OATE NOV 10 1000

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TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	MARYLAND STATE DEPARTMENT OF I	HEALTH
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON	
16251	CERTIFICATE OF DEATH	16249
		10423

1. PLACE OF DEATH	La Holle San				
a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)				
Washington County MARYLANO	a. STATE b. COUNTY Franklin				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
Hagerstown 18 days	Waynesboro 75.3				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   e. IS RESIDENCE				
Washington County Hospital	136 S. Broad St. ON A FARM?				
3. NAME DF First Middle	Last   4. DATE Month Day Year				
(Type or print) Catherine Araminta Culbertson	DEATH Nov. 29,1966 19				
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. OATE OF BIRTH 19. AGE (In years LIFTINDER 1 YEAR HELINDER 24 HRS.				
F W WIDOWED DIVORCED	June 13, 1894 72 yrs. Months Oays Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT				
during most of working life, even if retired) Book keeper Book keeper Brug store	Fulton County, Penna. U.S.A.				
13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME				
David Culbertson	Ann Fleck				
	INFORMANT 3749 Addressnsburg Pike				
(Yes, no, or unkown) (If yes give war or dates of service) 173-03-3818	mes E. Culbertson Pittsburgh 21 Pa.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH				
PART I. OEATH WAS CAUSED BY:  Acute cardiac fai:	lure 48 hours				
527/ DUE TO					
Conditions If any which \					
gave rise to immediate	1 year				
cause (a), stating the DUE TO underlying cause last.  DUE TO Pulmonary emphyser					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL OISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?				
Bronchogenic carcinoma, RUL, lobe	YES NO P				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA Bronchogenic carcinoma, RUL, lobe 202. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRREO. (Enter nature of Injury In Part I or Part II of Item 18.)				
20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLA facto while at work at work at work	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)				
Hour a.m.  p.m.  19 While Not While at work					
	ov.11 , 1966 , to Nov. 29 , 1966 , that (I) (we) last				
saw the deceased alive on Nov . 29 1966 and that	death occurred at 1:35M from the causes and on the date stated above.				
22a. SIGNATURE ( ) 7 / 10 /	L 22h DATE SIGNED				
All XI Tehra	ATTENOING MEO. STAFF PHYS.				
22c, PHYSICIAN'S M.O	). PHYS.				
NAME (Tyle) H. KEHNE, M. D.	3000 D				
23a. BURIAL, CREMATION, 23b. OATE THEREOF   23c. NAME OF CEMETERY					
REMOVAL (Specify) Burial 12/2/1966 Green Hill	Wayneshara Penna				
24. FUNERAL DIRECTOR ADDRESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				
Walter J. Gent Haynesboro	DATE DEC 1 1956 OCL				
Juny Justone Hagnesours	a. I DATE DEC 1 1966 goliante Judge				

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Land 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
16232 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY WASHINGTON MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE MARYLAND b. COUNTYWASHINGTON
b. CITY OR TOWN (if outside corporate limits, write PUBAL 30 Cive nearest town)  C. LENGTH OF STAY IN 1b  YRS	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  HAGERSTOWN
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   0. IS RESIDENCE
609 ADAMS AVE.	609 ADAMS AVE.
3. NAME DF DECEASED (Type or print)  FREDERICK  CLARENCE	CUNNINGHAM OF NOVEMBER 3 1966
MALE WHITE WIDOWED DIVORCED	8. DATE OF BIRTH  9. AGE (In years   FUNDER 1 YEAR   FUNDER 24 HRS.   Hours   Min.   Hours   Min
10a. USUAL OCCUPATION Rive kind of work done during most of working life even if retired)  RETIRED TÜCKER	11. BIRTHPLACE (County & State, or foreign country)  MARYLAND  12. CITIZEN OF WHAT COUNTRY?  S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ANDREW CUNNINGHAM	MARY KATE HICKS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, the or unknown) (If yes give war or dates of service) 217-32-5763A	INFORMANT Address HAGERSTOWN MRS. CARRIE CUNNINGHAM MD.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma Of Tong	we With Metastasis To Lung. 10 months.
1419 DUE TO	
Conditions If any which \	
gave rise to Immediate	
cause (a), stating the underlying cause last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	IRRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAN factor 20m. PLAN factor	CE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
Hour a.m.  p.m.  19 While Not While at work	ry, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from_J	uly 1, , 1965, toNov. 3, 1965 , that (I) (we) last
saw the deceased alive on Sept. 21, 19.66, and that	t death occurred at 5 1 9M, from the causes and on the date stated above.
22a. SIGNATURE & Sith h M.D	ATTENDING MED. STAFF Nov. 4, 1966
PHYSICIAN'S NAME (Type)  Dr. E. W. Ditto, Jr. 215	W. Washington St., Hagerstown, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY   23d. LOCATION (City, town or county) (State)
BUR TAL' 11/5/66 BROADFORD	ING CEM. WASHINGTON CO. MD.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
W. J. Korment, Hayerstown M	el DATE NOV O 1966 Icharles Judge

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W. J. Mitmen of the end from Mills

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY Washington b. COUNTY Maryland Washington MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) 45 Years Hagerstown Hagerstown d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Washington County Hospital 615 Linganore Ave. YES NO X 4 DATE 3. NAME OF Middle Tost Dov Year DECEASED OF DEATH Earl November 13 66 Davis Benjamin (Type or print) 9. AGE (In years JE UNDER 1 YEAR LIF UNDER 24 HRS SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthday Months Hours Sept. 14. 1891 WIDOWED DIVORCED Male White 12. CITIZEN OF WHAT 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life even if retired)
Auction Rm. Operator Auctioning Marlowe. W. Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Daniel L Davis Susan E. Lowery 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Hage Addersown . Md . (Yes, no, or unknown) (If yes give wor or dotes of service) 214-14-6101 No. Miss Frances Davis, 855 Penna. Ave. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
Pulmongrue INTERVAL BETWEEN ONSET 2 MD DEATH URS Pulmonary edema; circulatory failure IMMEDIATE CAUSE (o) DUF TO 7 days Cerebral hemorrhage Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse Arteriosclerosis Undetermined last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO X 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year (City or Jown) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) ot work ot work Dec. 21 NOU. 13 21. I certify that (1) (this hospital) attended the deceased from. saw the deceased alive on Nov. 73 19 66, and that death occurred at 12: M, from causes and an the date stoted abave. 220. SIGNATURE 22b. DATE SIGNED Nov. DIRECTOR PHYS. 100 Professional Arts Bidg. 22d. ADDRESS 22c. PHYSICIAN'S Walter Layman, M. D., NAME (Type) Hagerstown, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) Burial 11- 16-Tilghmanton, Md. 66 Manor Cemetery 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DATE NO John H. Bast, Jr. 112 N. Main St. Boonsboro, Md.

requires that the death certificate be executed within 24 hours after death funeral vithin 72 haurs after by the campletely filled in carban remave n any and please attending physician permit. Then please and ar remaval crematian, signed by the burial-transit p burial, cremati 'O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. the Health prior to has been OS TO FUNERAL DIRECTOR: After this certificate for detached Dept. filed with the director, page shauld be filed VR A15 (4) 20 M 1/66

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transment. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH division of statistical resear 16254

WIND STATE DEL WILLIE	ILITI OF HEALT	11
CH AND RECORDS, 301 W.	PRESTON STREE	T, BALTIMORE 1, MARYLAND
CERTIFICATE OF		16252

1. PLACE OF DEATH a. COUNTY	USUAL RESIDENCE (Where deceased lived, If institution: Residen     a. STATE     b. COUNTY	ace before admission)
WASHINGTON MARYLANO	201000000000000000000000000000000000000	NGTON
b. CITY OR TOWN (if outside corporate limits, write RURAL and give gearest town)  TAGERSTOWN  C. LENGTH OF STAY IN 1b  DAYS	c. CITY OR TOWN (If outside corporate limits, write RURAL and a HAGERSTOWN	give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
WASHINGTON COUNTY HOSPITAL	130 EAST AVENUE	ON A FARM? YES NO X
3. NAME DF First Middle DECEASED EDNA VIOLA DI	Last 4. DATE Month Da  OF DEATH NOVEMBER 21	19 66
FEMALE WHITE WIOOWED OIVORCED N	AY 17, 1914  9. AGE (In years   IFUNDER 1 YEAR   Months   Oays   Second   S	R IFUNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOMEMAKER  10b. KINO OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEI COUNT! WASHINGTON CO. MARYLAND U.	N OF WHAT RY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
HENRY M. BOWMAN	FANNIE V. SWOPE	
(Yes, no, or unkown) (If yes give war or dates of service)	INFORMANT HAGERSTOWN GOT ARYLAND	
	LEROY DUTROW 130 EAST AVENUE	
18. CAUSE DF OEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSEO BY:  IMMEDIATE CAUSE (a)	2 to Brain	TERVAL BETWEEN ISET AND DEATH
Conditions, If any, which gave rise to immediate (b)	, of Breast, 1:	5m0
cause (a), stating the OUE TO underlying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO SEATH BUT NOT REL		PERFORMED?
20a. ACCIDENT WAS UNDERLYING DON'S CONTRIBUTING DON'S CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Month, 0ay, Year 20d. INJURY OCCURRED 20e. PLAC factor while p.m. 19 at work at work	E OF INJURY (Home, farm, y, street, office bidg., etc.) (City or town) (County)	(State)
21. I certify that (I) (this hospital) attended the deceased from		that (I) (we) last
saw the deceased alive on 1968, and that	death occurred at 5:05 M, from the causes and on the da	
JE Martin M.O.	ATTENOING MED. STAFF 11/22	
22c. PHYSICIAN'S	22d. ADDRESS	
DONALD E. MARTIN M.D.	418 N. POTOMAC ST. HAGERSTOWN	N, MD.
BURIAL (Specify) 23b. OATE THEREOF 23c. NAME OF CEMETERY 11/24/1966 PLEASANT VALL	EY CEM. WASHINGTON CO MAR	(State)
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	NATURENSEL
CHARLES M. ROUZER HAGERSTOWN, MARYLAND	OATE NOV 28 1866 June	0

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. A. B. O. O. HOPE THO THE THE CO. . MAR IT HERD D. B. S. L.

PARTY M. BONNER W. SANGER V. SWEEK M. THERE WE WERE AND THE SERVICE OF THE SERVIC

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16255			CERTIFICAT	E OF DEATH			162	53	
PLACE OF OEATH     a. COUNTY	Washin	gton	MARYLAND	2. USUAL RESIDENCE a. STATE	(Where deceased	lived, if institut b. COUN	ian: Residence	befare admi	ssian)
b. CITY OR TOWN (I	f autside corparate limit	s,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	autside carparate				)
Hagerst	give nearest tawn)		16 years	Hagers	town			21.1	
	AL OR INSTITUTION (If no	at in haspital, g		d. STREET ADDRESS				e, IS R	ESIDENCE
30 Nor	th Ave.			30 Nor	th Ave	•	11.7	YES [	A FARM?
3. NAME OF		rst	Middle	Last	4. DATE OF	Mant	h	Oay	Year
DECEASED (Type ar print)	Clar	ra	May	Eader	OEATH	N	ov. 3		19 66
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. OATE OF BIRTH		AGE (In years	IF UNDER 1		DER 24 HRS.
female	white	WIDOWED	DIVORCEO [	Dec. 25,	1883	last birthday) <b>82</b> yrs.	Maitins	Oays Hau	rs Min.
10a. USUAL OCCUPATION during most af warking <b>house</b>	(Give kind af wark dane life, even if retired) <b>W11 O</b>		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (Cour Hager	stown,			ZEN OF WHAT INTRY?	
13. FATHER'S NAME	Jacob Ro	essner		14. MOTHER'S MAIDE		therin	e Cun	ningh	am
15. WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war ar dates	of service) 16. S	SOCIAL SECURITY NO. 17.	INFORMANT	Taki L	Addre	ess		
no	(ii yes give wai ai aaies i		none J	ohn J. Fi	ery, Ha	agerst	own.	Md.	
	ATH (Enter anly one cau	use per line far						INTERVAL	
PART 1. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE	(a) Co	ronety	Throm	11200			ONSET AN	1
4201	DUE	1 /					100.0	1111	
Canditians, if any,		(b) A	rterio scle	rotic /	HEZYT?	150310	e	6 m	10.
rise to immediat		TO			,	1 5			,
last.	,,,,,,	(c) A)	rterio scl	erosis -	Bene.	reliph	2	47	77 7
PART II. OTHER SI	GNIFICANT CONDITIONS	ONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE (	CONDITION GIVEN	IN PART 4(a)		19. WAS A	AUTOPSY ORMED?
O NI	cton a	rthi	ritii .					YES 🗌	NO A
(IF FITHER NOTIFY	S UNDERLYING   CAUSE OF DEATH MEOICAL EXAMINER)	20b. OE	SCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury	in Part I ar Part I	I af item 18.)			
=	JRY Manth, Day, Year	20d. IN While	Nat While fo	LACE OF INJURY (Hame, fo actory, street, affice bldg., e		(City ar tawn)	(Cau	nty)	(State)
		spital) attend	ded the deceased fram.					6, that (I	
saw the de	eceased alive an_	40 V . 3	19 <u>66</u> , and th	nat death accurred	at 9 A . M,	fram causes	and an th	e date sta	ted abave
22a. SIGNATURE	1 a. 4	Loffn		M.D. ATTENDING ATTENDING PHYS.	MED. OIRECTOR	STAFF PHYS.		TE SIGNED	66
22c. PHYSICIAN'S NAME (Type)		A. H.	oFFman	22d. AODRESS 214 N.	Poton	nec st	9		
23a. BURIAL, CREMATIC		EREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCA	TION (City or To	wn) (	(Caunty)	(State)
buria!	11-5-	.66	Rose Hill	Cemetery	Hag	gerstor	vn, M	d.	
24. FUNERAL OIRECTO	R		ADORESS	2Sa. RI	EC'D BY REGISTRAF	10 CF. RE	GISTRAR'S SI	GNATURE O	idge
Minnich	Funeral	Home.	Hagerstown	. Md . OUT	MOA (	ססטו	1	rees ye	1

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please-remave carban papers. Pages 1 and 2 should be filed with the State Dept. af Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

Mindien reneral Home, Harerstown, Mr.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending chystcian and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH 16256 CERTIFICATE OF DEATH 16254

1.	PLACE OF DEATH	4			2. USUAL RESIDE	NCE (Where dece	ased lived, If institution:	Residence before admission)
	a. COUNTY	Washing	gton	MARYLAND	a. STATE	Pa.	b. COUNTY F	ranklin/
	b. CITY OR TOW	N (if outside corporat and give nearest tow	e limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (	If outside corp	orate limits, write RURA	L and give nearest town)
	Rural, H	lagerstown 1	Id.	5 Weeks		Waynesbo	oro	75.3
	d. NAME OF HOS	SPITAL OR INSTITUTIO	N (If not In	hospital, give street address)	d. STREET ADDRES	S		e. IS RESIDENCE ON A FARM?
		Manor Nur	sing H	ome		33 Stric	kler Ave.	YES NO X
3.	NAME OF DECEASED		rst	Middle	Last	4. DATE	Month	Day Year
5	(Type or print) SEX		lola	Rebecca	Ellis B. DATE OF BIRTH	DEATH	Nov.	9, 19 66 R 1 YEAR   IF UNDER 24 HRS.
		N 40 A 1		TA NEVEK MARKIES		9.	last birthday) Months	Days Hours Min.
	'emale	White	WIDOWEL		5/19/1903	County & State	or foreign country)   12.	CITIZEN OF WHAT
dur	Ing most of work! House Wi	ng life, even If retired	1)	KIND OF BUSINESS OR INDUSTRY			Fayette Co	COUNTRY?
13.	FATHER'S NAM		1		14. MOTHER'S MA		Taye oce 00	. U.S.A.
	John F.	Pritts			Maggie	e Rebecc	a Tinkey	
15.	WAS DECEASED I	VER IN U.S. ARMED FO	RCES?   16	S. SOCIAL SECURITY NO.   17.	INFORMANT		Address	ynesboro Pa.
(16	No	( If yes give war or dates of	service) 2:	19-20-9454 F	rederick H	. Ellis,	33 Strickl	er Ave
				line for (a), (b), and (c).]				INTERVAL BETWEEN ONSET AND DEATH
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE	(a) Me	testatio	Carcin	5 mo		6 mg
	170 X	DUE	TO ,					4.14
	Conditions, If		(b) A c	eno Cerci	30 m2	- hot -	proset	11/2471.
	cause (a), st	ating the DUE	TO					
Z	underlying caus		(C)	BUTING TO DEATH BUT NOT RELA	YED TO YUE YEDMINAL	DICERCECOND	ITTOM CIVEN IN DADT 1	)   19. WAS AUTOPSY
ATIC	TAKI II. O III EK 3	IGHTFICANT CONDITTO	M3 CONTRIB	SOTING TO DEATH BUT NOT KELA	IED TO THE TERMINAL	L DISEASE COND	II IOÙ GIA EN IN LAKT T(S	PERFORMED?
SEL SEL SEL SEL SEL SEL SEL SEL SEL SEL	20a. ACCIDENT	WAS UNDERLYING	1 20b.	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature	of injury in Par	t I or Part II of Item 1	The second second
CERTIFICATION	OR CONTRIBUTI (IF EITHER, NOT	WAS UNDERLYING DATE OF DEATH OF MEDICAL EXAMINATION OF THE PROPERTY OF THE PRO	TH IER)					· ·
		NJURY Month, Day,		INJURY OCCURRED   20e. PLA	CE OF INJURY (Home,	farm, 20f. (0	City or town) (Co	ounty) (State)
MEDICAL	Hour a.n		While at wor	B - NOT MULIE -	ry, street, office bldg.,	, etc.)		
2				ded the deceased from C	et - 13	19 Cb, to	NOV 9 196	G, that (I) (we) last
	saw the dec	ceased alive on_A	OV-9	1966, and that				the date stated above.
	22a. SIGNATUR	RE A II OO	m	1 11		MED	22b.	DATE SIGNED
	Lloyd		-Clor	A C. Haffer M.D		DIRECTOR _	STAFF NOI	v. 9, 1966
	22c. PHYSICIA NAME (Ty		Holl	mon. M. D.	22d. ADDRESS	tomas St	Hazerston	un Md
23a		ATION, 23b. DATE T		23c. NAME OF CEMETERY			ATION (City, town or c	
	REMOVAL (Spe		166	Nebo Cemet			n Head, Faye	
24.	FUNERAL DIRE	CTOR	00	ADDRESS		EC'D BY REGIS	TRAR 25b. REGISTRA	R'S SIGNATURE
	Walt	+ 4. An	WE	Waynesboro Pa	DATE	NOV 14	1966 Jely	arles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
16257
CERTIFICATE OF DEATH
16255

1020			CERTIFICA	IL OF DEATH			102	55	
1. PLACE DF DEAT a. COUNTY	Н			2. USUAL RESIDENCE	CE (Where dece			idence before	admission)
Wa.	shington		MARYLAND	Marylar Marylar	. 7	b, count	r ningt	an	
b. CITY OR TOW	/N (if outside corpora	ite limits,	c. LENGTH OF STAY IN 2	b c. CITY DR TOWN (If	outside corp				est town)
Hagerst	and give nearest too	and		Hageret		arvland		21.1	/
d. NAME DF HO	SPITAL DR INSTITUTI	ON (if not in	hospital, give street addre	ss) d. STREET ADDRESS				e. IS RE	ESIDENCE A FARM?
	ton Count		spital	439 N. Jo		a St.	14, 122	YES	ND 🗌
3. NAME DF DECEASED		irst	Middle	Last	4. DATE	Month	1	Day Y	rear .
(Type or print)	Baby		Girl	Evans	DEATH	Nov	13	19	9 56
5. SEX	6. CDLDR DR RACE	7. MARRII	D NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years I last birthday)	FUNDER 1		
Female	Colored	WIDOWE	D DIVORCED	Nov 13 196	56	Yrs.	wonths D	ays Hour	's Min.
10a. USUAL DCCUPAT during most of work	TION (Give kind of work king life, even if retire	done Db.	KIND DF BUSINESS OR	11. BIRTHPLACE (C	ounty & State,		12. CIT	IZEN DF WHA	AT
				Hagers	town M	laryland	3		
13. FATHER'S NAM				14. MOTHER'S MAIL	DEN NAME			The same	
Alfred	Evans	7/3/4		Corne]	ia Sa	tton			
15. WAS DECEASED	EVER IN U.S. ARMED FO	ORCES?   1	6. SOCIAL SECURITY NO.   1	7. INFORMANT		Address	s		
(Yes, no, or unkown)	(If yes give war or dates	of service)	Δ	lfred Evans	130	N Jone	athan	9+	
I 18. CAUSE DE	DEATH (Enter only or	ne cause ne	r line for (a), (b), and (c).]	4 4	777	110 00112	1 011 011	INTERVAL B	RETWEEN
	EATH WAS CAUSED BY	-	(a), (b), and (c).1					ONSET AND	
7513	IMMEDIATE CAUSE	(a)	Admoraha	uus					
1312	DUE	10							
Conditions, If		(b)			-400				
cause (a), s	tating the DUE	T0							
underlying caus		(c)							
PART II. OTHER:	SIGNIFICANT CONDITI		BUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL I	DISEASE COND	ITION GIVEN IN P	ART 1(a)	19. WAS A	AUTOPSY ORMED?
20a. ACCIDENT	WAS UNDERLYING	20b.	DESCRIBE HOW INJURY OF	CCURRED. (Enter nature of	Injury in Par	t I or Part II of	Item 18.)		
G OR CONTRIBUT	WAS UNDERLYING ING CAUSE OF DEATH	NTH (NER)							
	INJURY Month, Day,		INJURY OCCURRED   20e.	PLACE OF INJURY (Home, fa	arm.   20f. ((	City or town)	(Count	ty)	(State)
Hour a.i	m.	Whi	le - Not While - fa	ctory, street, office bldg., e	tc.)			,	
				1/13/15		1.2/6/			
21. I certif	fy that (I) (this hos	pital) atter	ded the deceased from_		,	77		_, that (I)	
	ceased alive on	11/01	<b>37 66</b> 19 , and t	hat death occurred at_	M, fro	m'the causes a			ed above.
22a. SIGNATU	RE A A	14		ATTENDING	MED.	STAFE	22b. DAT	TE SIGNED	-11
1 AB	HOLDE A	y ws		M.D. PHYS.	DIRECTOR	STAFF PHYS.	18/	100/4	66
22c. PHYSICIA NAME (T	vpe)	1 -		22d. ADDRESS					
	Harold		st, M. D.	214 N. Pc					
23a. BURIAL, CREN REMOVAL (Sp	eclfy)	THEREOF	23c. NAME OF CEMET		23d. LOC	CATION (City, tov	vn or coun	ty) (	(State)
Burial (Sp		-1966		Cemetery	Hag	erstown	Mar	vland	
24. FUNERAL DIRI	ECTDR		ADDRESS	25a. RE	C'D BY REGIS	TRAR 25b RF	GISTRAR'S	SIGNATURE	. 7
Witnes P	111	- Na	and The St.	NUV	~ 1 13	156 ga	Anna	Judge	-

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remover, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65

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Holmseybalus

Menussoale

Herold Holard

Harvid M. Sist, M. D.

214 M. Potomne St., Hagaratown, Md.

18/how 1966

**TO FUNERAL DIRECTOR:** After this certificate hos been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removed, and in any event, within 72 hours offer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires thot the death certificate be executed within 24 hours ofter deoth. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

CERTIFICATE OF DEATH

10238	CERTIFICATE	OI DEATH		10256
1. PLACE OF DEATH				on: Residence before odmission)
Washington	MARYLAND	o. STATE Marvlar	b. COUN	Washington
b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b		tside corporote limits, write RUR	
write RURAL and give nearest town)	no Md. 40 vrs	Reute 1	. Clear Spr	ing Md 21.1
d. NAME OF HOSPITAL OR INSTITUTION (If not in ho	ng 10d 40 yrs	d. STREET ADDRESS	orear opi	e. IS RESIDENCE
Route 1, Residence	,	Danta 1		ON A FARM? YES ## NO
3. NAME OF First	Middle	Route 1	4. DATE Mont	
DECEASED			OF	
(Type or print) Mabel  S. SEX 6. COLOR OR RACE 7 MA		DATE OF BIRTH	9. AGE (In years	30 19 66 I IF UNDER 1 YEAR OF UNDER 24 HRS.
			lost birthdoy)	Months Doys Hours Min.
Female White WID  100. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	Nov. 12,1		12. CITIZEN OF WHAT
during most of working life, even if retired)	INDUSTRY	II. BIRTHPLACE (County	& Stote, or foreign country)	COUNTRY?
Home duries	House work	Hagerst	own Md.	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME	
Tunis E. Newkirk		Jane Ru	beck	
15. WAS DECEASED EVER IN U.S. ARMED FUNCES? (Yes, no, or unknown) ((If yes give wor or dates of service)	16. SOCIAL SECURITY NO. 17. II	NFORMANT	Addre	22
None None		rl J. Fai	th Rd.1. Cl	ear Spring, MD.
18. CAUSE OF DEATH (Enter only one couse per		1//	1. 1.1.	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:  1MMEDIATE CAUSE (o)	Carcinoma M.	the Bread	Emladager	ONSET AND DEATH
170X DUE TO				
Conditions, if ony, which gove ) (b)				
rise to immediate couse (a), Stating the underlying couse				
lost. (c)				
PART II OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY
NOIL I				PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING   CASE OF DEATH OF CONTRIBUTING   CASE OF DEATH OF CONTRIBUTING   CASE OF DEATH OF CONTRIBUTING   CASE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED. (	Enter noture of injury in	Port I or Port II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH	ZOD. DESCRIBE HOT INSORT OCCURRED. (	Enter metale of injery in	ron ron ron non non ro.,	
	20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form	20f. (City or town)	(County) (Stote)
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.		ory, street, office bldg., etc.)		(coomy) (siote)
p.m.	of work U of work U	11		
21. I certify that (I) (this haspital)	attended the deceased fram	fuly 17, 1	9_04, to	30, 1964, that (I) (we) la
saw the deceased alive an Ag	19 46, and that	death occurred at	1304 M, fram causes	and an the date stated above
220. SIGNATURE	ends throoly M.D	ATTENDING	MED. STAFF	22b. DATE SIGNED 11-30-66
	ends morry M.D	111101	DIRECTOR L PHYS. L	11-70-00
22c. PHYSICIAN'S NAME (Type) Fdcox B M	- 3- W D	11.5 S. Pr	acompat Ct Uni	wanst arm Md
Euson D. Pio			ospect St., Hag	
230. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	REMATORY	23d. LOCATION (City or Tox	vn) (County) (Stote)
Burial 12/2/66	Rose Hill (	Cem.	Clear Spr	ing Md.
24. FUNERAL DIRECTOR		2So. REC'D	BY REGISTRAR 2Sb. RE	GISTRAR'S SIGNATURE
Ihran Y Rale	Clear Spring	Md. DATE D	FC 5 1966	Marley Judge

16256 AND DESCRIPTION OF THE PARTY OF leafer i, Magar spring, w. 42 yan. Boute 1, Class states. found 1, nextdanc - .vel Va dains e. lodgel ledail Popular connact and an arrangement of the standard attacks. Hara during Late Month Work - In English to 181. No. 1996 The Contract of the C And the second of the second o Jack to the state of the state THE PERSON OF TH

	1	2 -	4
September 1			
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral, director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, of tempoal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH

	16259		CERTIFICAT	E OF DEATH	1		162	58	
1.	PLACE OF DEATH a. COUNTY	HINGTON		2. USUAL RESIDENCE a. STATE	CE (Where decea	sed lived, If Institu b. COUNTY			dm(ssion)
			MARYLAND  c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If		rata limite writa			et town)
	b. CITY OR TOWN (if outside corr write RURAL and give nearest HAGERSTOWN	town)				rate minus, write	NURAL allu g	, ,	at town)
			4 DAYS		RSTOWN		21	1 - 1	
	d. NAME OF HOSPITAL OR INSTIT	UTION (if not in h	ospital, give street address)	d. STREET ADDRESS				e. IS RE	SIDENCE FARM?
	WASHINGTON CO	JNTY HOSE	PITAL	117 E. FR.	ANKLIN	STREET		YES 🗌	NO X
3.	NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Da	y Ye	ar
	(Type or print) JOHN		KIEFPER	FUNK		NOVEMBER	20	19	66
5.	SEX 6. COLOR OR RA	CE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. /	AGE (In years IF last birthday)	UNDER 1 YEA	RIFUNDE	R 24 HRS
1	MALE WHITE	WIDOWED		APRIL 7, 18	79	87 yrs.			
102	. USUAL OCCUPATION (Give kind of w	vork done   10b. K	IND OF BUSINESS OR	11. BIRTHPLACE (Co		r foreign country)	12. CITIZE	OF WHA	T
RF	ing most of working life, even if re ETIRED HORTICULTUR	RTST SE	NDUSTRY CLF EMPLOYED	WASHINGTO	N CO 1	MARYLAND	COUNTE	.A.	
	. FATHER'S NAME	TOI   DE	THE BLILL POLISE	14. MOTHER'S MAID		MICTIMENT	0.0	0210	
	JOHN H.	FUNK			WINTER	S			
15	. WAS DECEASED EVER IN U.S. ARME	D FORCES?   16.	SOCIAL SECURITY NO.   17.	INFORMANT		AGER SHOWN	MARY	LAND	
(Ye	es, no, or unkown) (If yes give war or da	ates of service)		S. MAUD FUN		E. FRANKI			
_				D. FIAUD FUN	K II/	e. PREMET			
	18. CAUSE OF DEATH [Enter onl		ine for (a), (b), and (c).]					ERVAL BI	
	PART I. DEATH WAS CAUSED IMMEDIATE CA		Venoscherotic :	heart dista	sl		me	n ny	2.
	4200	DUE TO						1	
Н	Conditions, If any, which	(b) D	istelle mille	Tus				1 mo	
	gave rise to immediate		7-10-1					-	
	cause (a), stating the underlying cause last.	DUE TO	at In	· letert				1 wich	
Z	PART II. OTHER SIGNIFICANT CONE	(C)	UTING TO DEATH DUTNOT DELL	TENTO THE TEDAL NAL	DISCASE CONDI	TION CIVEN IN DA	RT 1(a)   19	MASA	UTOPSY
CERTIFICATION	PART II. OTHER SIGNIFICANT CONT	ALIONS CONTRIB	OTING TO DEATH BUT NOT KELP	ALED TO THE TERMINAL L	DISEASECUNDI	LION GLACIA IN LY	K1 1(a)	PERFO	
101	Velynonary	emple	sema. Uz	olemia.				res 🗌	NO [¥]
RTI	20a. ACCIDENT WAS UNDERLY NO	G 1 20b.	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of	f injury in Pari	l or Part II of I	tem 18.)		
CE	OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EX	AMINER)							
SAL	20c. TIME OF INJURY Month, D	ay, Year   20d. I	NJURY OCCURRED   20e. PLA			Ity or town)	(County)	(	State)
MEDICAL	Hour a.m.	While	MOL WILLIE	ory, street, office bldg., e	etc.)				
Σ	p.m.	19 at wor		10 12		2. 2.	70//		1.7
	21. I certify that (I) (this								
	saw the deceased alive on	New York	1966, and tha	t death occurred at 1	M, fron				above
	22a. SIGNATURE	2,		ATTENDING	MED.	STAFF -	22b. DATE S		
	V. S. X	Tankler	, M.C	D. PHYS.	DIRECTOR .	PHYS.	11/21/	1966	
	22c. PHYSICIAN'S NAME (Type) RAT PT	00	minera M. D	22d. ADDRESS					
	RALPI	1 S. STAU	FFER M. D.	145 S.	PROSPEC	r ST. HAG	ERSTOW	IN, MI	).
238		ATE THEREOF	23c. NAME OF CEMETERY	Y OR CREMATORY	23d. LOC	ATION (City, town	n or county)	(8	tate)
	BURIAL (Specify) 11/2	23/1966	BEAVER CREEK	CEMETERY	WASH	INGTON CO	MARY	LAND	
24	. FUNERAL DIRECTOR		ADDRESS			RAR   25b. REG	ISTRAR'S SIG	NATURE	
		ER HAGER	STOWN, MARYLAN		NOV 28		Milan	es fo	dan

HAGERSTOWN, MARYLAND

NOV 28

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	Moreona			
	SECTION STREET			
	Silisten - XII	09 TWS.	IX Wack	
	1 7, 1879	131		ELM .
A	ALL MR OS ROTVATO	W GEO, 915	Like Freehold	citas celtad
	SECRETAL SERVICE		10 miles 11 miles	ÖL.
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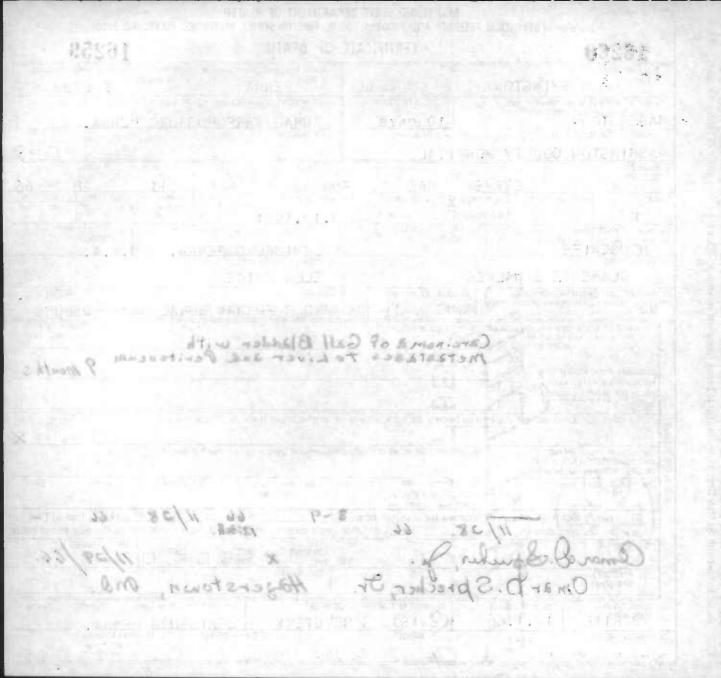
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16260	)		CERTI	FICATE	OF DEATH		16	259	
1. PLACE OF DEATH						Vhere deceosed lived, if in		nce befare admiss	ion)
a. COUNTY	WASHINGTO	NC	MA	RYLAND	O. STATE PENN	A b.	COUNTY	TULTON	/
b. CITY OR TOWN (I	If autside carparate limi	s,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If au	tside corparate limits, writ	e RURAL and giv	e nearest town)	0+0
HAGERSTO	give neorest tawn)		10 DAY	S	RURAL W	ARFORDSBUF	C PENI	14 75	-2
	AL OR INSTITUTION (If n	at in haspital, g	ive street address)		d. STREET ADDRESS	ART OTOBOOT		e. IS RES	DENCE
WASHINGT	ON COUNT	Y HOSP	ITAL					YES	NO Y
3. NAME OF	F	irst	Middle		Last		Manth	Day Yo	ear
DECEASED (Type or print)	E	STHER	MAE	F	URMAN	OF DEATH	1	28 19	66
S. SEX	6. COLOR OR RACE		NEVER MARRI	IED   I	B. DATE OF BIRTH	9. AGE (In year last birthda			R 24 HRS
F	W	WIDOWED	DIVORC	ED 🔲	3.19.1921	1	rs. munins	Doys Haurs	Min.
	(Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (County	& State, ar fareign country)		TIZEN OF WHAT JUNTRY?	
during mast of working HOUSE W	IFE	INI	DUSTRY		LEWISBU	RG PENNA.	11.5	Δ.	
13. FATHER'S NAME					14. MOTHER'S MAIDEN 1				
CLAR	ENCE E W	ALKER			ELLA PR	ICE			
15. WAS DECEASED EVE	R IN U.S. ARMED FORCES	of service) 16. S	OCIAL SECURITY NO.	17. 1	NFORMANT		Address	PEN	NA.
(1.eNO a) allicinami)	(If yes give war or dates	NO	NE	HO	WARD R FU	RMAN RURAL	. WARFO	ORDSBUR	G
IB. CAUSE OF DE	ATH (Enter only one co			- 0				INTERVAL BE ONSET AND	
	IMMEDIATE CAUSE				all Bladde	r with		ONSET AND	DEATH
135.1	טטו	10 Me	tzatase	s T	o Liver a	nd Perit	neum	9 4	41 -
Conditions, if any, rise to immediat	e couse (a)	(b)						9 mont	15
stating the under		10							
last.	, , , ,	(c)	1124						
PART II. OTHER SI	GNIFICANT CONDITIONS	ONTRIBUTING T	O DEATH BUT NOT R	ELATED TO T	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(	0)	19. WAS AUT PERFORM	AED?
<u> </u>								YES	NO K
E 20a. ACCIDENT WAS	S UNDERLYING  CAUSE OF DEATH	20b. DES	SCRIBE HOW INJURY	OCCURRED.	(Enter noture of injury in	Part 1 ar Part 11 of item 18	3.)		
(IF EITHER, NOTIFY	MEDICAL EXAMINER)							1000	
20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INJU-	JRY Manth, Day, Year	2Dd. IN While	JURY OCCURRED  Nat While		CE OF INJURY (Hame, form ary, street, office bldg., etc.)		n) (Co	unty)	(State)
<b>≥</b> p.n	10	at wark				1			7
	fy that (I) ( <del>this ho</del>		ded the decease		3~9,1	966, to 11/2		66, that (1)	
	eceased alive on_	11/28	1966	, and that	death occurred of	12:30 MM, from cau			d abav
22a STANATURE	200.00s	ucher	Je.	М.	***************************************	MED. STAFF PHYS.	□ /1/	29 6	6.
22c. PHYSICIAN'S NAME (Type)		1.Sb	recher,	Fr.	Hay e	nstown	mo	0.	
23a. BURIAL, CREMATIC	, '		23c. NAME OF CE	METERY OR	CREMATORY	23d. LOCATION (City	or Tawn)	(County) (	Stote)
REMOVALEPICIA	12.1	.66	LEWISBL	JRG B	EMETERY	LEWISBUR	G PENN	IA.	
24. FUNERAL DIRECTO	R	17/11/11	ADDRESS		2Sa. REC'D		. REGISTRAR'S		

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removar, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Poge 4 may be retained by the hospital or ottending physician.

VR A15 (4) 20 M 1/66



	Division of STATIS		MARYLAND STATE D RCH AND RECORDS, 30			MARYLAND 21:	201	
16261			CERTIFICAT	E OF DEATH		16	260	
a. COUNTY Was	shington		MARYLAND	O STATE	Where deceosed lived, i	h COUNTY	shingte	- '
b. CITY OR TOWN (I	If autside carparate limit d give nearest tawn)	s,	c. LENGTH OF STAY IN 16	4	utside corparate limits, v			/
We steve	AL OR INSTITUTION (If no	state	Hosb	d. STREET ADDRESS	alisbury	Street	e. IS RESI ON A F YES	DENCE ARM? NO
3. NAME OF DECEASED (Type or print)	FRE	D L	BERNARD	GIPE	4. DATE OF DEATH	Manth //	8 196	36
s. sex Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH April 9 19	9. AGE (In lost birt 57		22 Hours	R 24 H
IOa. USUAL OCCUPATION during most of working Ret d Tax		INE	ND OF BUSINESS OR DUSTRY X10	11. BIRTHPLACE (County Franklin	& State, ar foreign count		TIZEN OF WHAT DUNTRY? S. A	
13. FATHER'S NAME	Elmer Gin			14. MOTHER'S MAIDEN	NAME KOOT			

	write RURAL and give nearest tawn) Hagerstown	47d	Williams	sport		21.1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in	aspital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	vestern ma ot	ete Moup			eet	YES NO X
3	NAME OF DECEASED (Type or print) FRED	BERNARD	GIPE	DATE Mant OF DEATH	8	1966
S	SEX 6. COLOR OR RACE 7. 1	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years (gst birthday)	Menths Days	Hours Min.
	Male White w	IDOWED DIVORCED	April 9 190	9 57 yrs.	6 22	
B	On USUAL OCCUPATION (Give kind of work done uring most of working life, even if retired)  etid Taxie Driver	106. KIND OF BUSINESS OR INDUSTRY Taxle	Franklin C	o. Pa/	U.S. A	WHAT
	3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	WE		
L	John Elmer Gipe		21000	ol		
	S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war ar dates af service) NO.	205 09 5568 Mr	informant 39 Wes. Gladys	. Salisbur. L. Gipe Wi	y St. lliamspo	ort, Md.
	IB. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Canditians, if ony, which gove rise to immediate cause (a), stoting the underlying cause last.  (c)	r line for (a), (b), and (c).) <b>Lobu</b>	vlav pne	Sinom v	ON	ERVAL BETWEEN SET AND DEATH
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(a)		WAS AUTOPSY PERFORMED?
MEDICAL CEDITION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Par	t I or Port II of item 1B.)		
MEDICA	20c. TIME OF INJURY Month, Doy, Year Haur o.m. p.m. 19		CE OF INJURY (Home, form, tory, street, affice bldg., etc.)	20f. (City or town)	(County)	(Stote)
	21. I certify that (I) (this hospito saw the deceased alive on	ottended the deceased from_	t death occurred at	to 11-8		nat (1) (we) lost te stated above.
	22a. SIGNATURE	500	D. ATTENDING M. DI	ED. STAFF RECTOR PHYS.	22b. DATE SIGN	
	22c. PHYSICIAN'S POWIN	G. RILEY	22d. ADDRESS 1500 Pa.	Ave. Hager	stown M	d.
B	30. BURIAL, CREMATION, 23b. DATE THEREOF NOV. 10			23d. LOCATION (City or To- Hagerstow		

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

Nov. 10-66 | Rest Haven Cemetery ADDRESS

24. FUNERAL DIRECTOR

L. Leaf Williamsport Maryland

25b. 1866 2Sa. REC'D BY REGISTRAR

21/1

Loboler prieumonia

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16969

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

16261

IAIR	TORUR	MEDICAL EXAMINER 5	CERTIFICATE OF DE	7.0	
DEPT.	PLACE OF DEATH			eceased lived, if institution: Resider	nce before admission)
p ÷	a county ashington	MARYLAND	o STATE	b. COUNTY Tashington	
ate Department af haurs after death.	b. CITY OR TOWN (If outside carparate limits.		c. CITY OR TOWN (If autside car	parate limits, write RURAL and giv	ve nearest town)
er o	write RURAL and give nearest tawn)	38 Yrs			21.1
aff	d. NAME OF HOSPITAL OR INSTITUTION (If not in	n haspital give street address)	d. STREET ADDRESS	VILLE	e. IS RESIDENCE
agurs 00			315 No Main	C+	ON A FARM?
State Department of 2 haurs after death.	NAME OF First	Middle	Last 4. DA		Dov Year
0 1	DECEASED		OF		
ie Z	(Type or print) JANET  SEX 6. COLOR OR RACE 7		MER DE	9. AGE (In years   IF UNDER	6 19639 1 YEAR   IF UNDER 24 HRS.
in any event within			ug 22 1928	last birthday) Manths	Days Haurs Min.
ent ent	a. USUAL OCCUPATION (Give kind of work dane	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fareign	gn cauntry) 12. CI	ITIZEN OF WHAT
10 du señad in 13	ring most of working life, even if retired)	Retired.	augansville		DUNTRY?
uo 13	FATHER'S NAME	Hetired	14. MOTHER'S MAIDEN NAME	* 2,511	ODA
		0.77	Cora B.	Chank	
and I	Snively Glesn  was deceased ever in u.s. armed forces?	16 SOCIAL SECUPITY NO. 17 I	NFORMANT	Address	
()	es, na, or unknawn) (If yes give war ar dates af se	ervire			ndn G+
mg h	IB. CAUSE OF DEATH (Enter only one cause	213-24-9307 Sr			INTERVAL BETWEEN
burial-transit permit. matian, ar remaval,	PART I. DEATH WAS CAUSED BY:	C 1 1	haugansvill	broin	Sudden
D,	IMMEDIATE CAUSE (a)		oni ough one	or arm	Dudden
<u>i</u> i i i i i i i i i i i i i i i i i i	Canditians, if any, which gave ) (b)		n		S
emo	rise to immediate cause (a), Stating the underlying cause DUE TO				
C cle	last. (c)				
9 · e	PART II. OTHER SIGNIFICANT CONDITIONS CONT	TRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
					YES NO TO
ent, priar t	20a. EXTERNAL CAUSE WAS PRIMARY ₩ or CONTRIBUTING □	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I ar	Part 11 af item 1B.)	
IF A	CAUSE OF DEATH.	Self-inflicted	with .32 ca.	liber pistol.	
agent, priar ta	20c. TIME OF INJURY Manth, Day, Year			Of. (City or town) (Ca	unty) (State)
age age	Around o.m. 11/6 19 6	6 While Not While at work at facts	Bone	Maugansville	Wash. Md.
ped		of the remains described above, he	ld an Autapsy 🗍 , Insp	ection , Inquiry ,	and in my apinian
gua		causes , Accident , Suic		Undetermined manner	
Jesi	///	011	CHIEF MEDICAL EXAMIN	ER 🔲	11/7/66 22. DATE SIGNED
its	SIGNATURE YOU'LE	Malula	M.D. ASSISTANT MEDICAL EXA	MINER	
5 /	EXAMINER'S		DEPUTY MEDICAL EXAMI	NER 1 580 Nort	thern Ave.
Health or its designated age		Weeks, M.D.	Address (Street, city, to	wn, or county) Hagers	town, Md.
至 23	a. BURIAL, CREMATION, 23b. DATE THERE REMOVAL (Specify)			. LOCATION (City ar Town)	(Caunty) (State)
	murat 17/8/9			adfording Tod	sh Co Ld
8 2	4. FUNERAL DIRECTOR Hagers to Anarew K. Coffnan	wn Id. ADDRESS	2Sa. REC'D BY REC		arles Judge
110	WITHT GA W. OOT TIME!	I LOWELT WOLL II	DATE NUV	10 1300	The state of the s

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	3		CERTI	FICATE	OF DEATH			162	62	
PLACE OF DEATH     O. COUNTY	Washington		MAF	RYLAND	a. STATE Mary:		ved, if instituti b. COUN	YTY	before adm	
write RURAL or	(If outside corparate limits, ad give neorest tawn)	,	c. LENGTH OF STAY		c. CITY OR TOWN (If ou				nearest tow	n)
d. NAME OF HOSPI	TAL OR INSTITUTION (If no	t in haspital, gi	56years		d. STREET ADDRESS	1 Hage	rstown	1		RESIDENCE A FARM?
Rd #5	Firs		Middle		Rd #	4. DATE	Mont		Doy	Year
(Type or print)	WALLER	J	ACOB	G00	D	DEATH	Nove	emder		1966
s. sex	6. COLOR OR RACE	7. MARRIED [ WIDOWED [	NEVER MARRI		DATE OF BIRTH	9. AC	SE (In years st birthday) yrs.	Months 1	YEAR IF U Days Ha	NDER 24 HRS. Urs Min.
10a. USUAL OCCUPATIO	N (Give kind of work done life, even if retired)	10b. KIN	D OF BUSINESS OR USTRY Craft		11.BIRTHPLACE (County Hagersto	& State, or fareign	country)		ZEN OF WHA NTRY?	ıī .
13. FATHER'S NAME					14. MOTHER'S MAIDEN					
Dory G	book				Anne Bon	AV				
	ER IN U.S. ARMED FORCES? (If yes give war ar dates at	f service) 16. So	OCIAL SECURITY NO.	17. INF	ORMANT neva Goo		Addre		м	
332	X DUE		bral Thr	ombosi	5				12 da	ys
Conditions, if an rise to immedia stating the und last.	IMMEDIATE CAUSE ( DUE y, which gave tte cause (o), erlying couse	to (b) <u>Gene</u> to (c)	eral Arte	rioscl	erosis			Seve	42 da ral y	ears
Conditions, if an rise to immedia stating the und last.	IMMEDIATE CAUSE ( DUE  y, which gave of the cause (o), erlying couse	to (b) <u>Gene</u> to (c)	eral Arte	rioscl	erosis	NDITION GIVEN IN	PART 1(o)	Seve	42 da	ears  AUTOPSY ORMED?
Conditions, if an rise to immedia stating the und last.  PART II. OTHER S  20a. ACCIDENT W. OR CONTRIBUTION (IF EITHER NOTHER NO	IMMEDIATE CAUSE ( DUE y, which gave tte cause (o), erlying couse	to (b) Gene to (c)	eral Arte	riosele	erosis			Seve	112 da	ears  AUTOPSY ORMED?
Conditions, if an rise to immedia stating the und last.  PART II. OTHER S  20a. ACCIDENT W. OR CONTRIBUTIN (IF EITHER, NOTIFE 11 Hear, NOTIFE 11 Hear of IN Hour of I	IMMEDIATE CAUSE ( DUE  y, which gave the cause (o), erlying couse  DUE  GIGNIFICANT CONDITIONS CC  AS UNDERLYING  G  G  CAUSE OF DEATH Y MEDICAL EXAMINER  JURY Month, Day, Year	to (b) Gene to (c) ONTRIBUTING TO	D DEATH BUT NOT RI  CRIBE HOW INJURY  JURY OCCURRED  Not While	ELATED TO THE	Prosis  TERMINAL DISEASE CO	Part I ar Part II o		Seve (Caur	19. WAS PERF	ears  AUTOPSY ORMED?
Conditions, if on rise to immedia stating the und last.  PART II. OTHER S  20a. ACCIDENT W. OR CONTRIBUTIN (IF EITHER, NOTIF  20c. TIME OF IN Hour of OF IN H	IMMEDIATE CAUSE ( DUE  y, which gave ite cause (o), erlying couse  SIGNIFICANT CONDITIONS CO  AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)  JURY Month, Day, Year	to (b) Gene 10 (c) ONTRIBUTING TO 20b. DESC 20d. INI While of work	D DEATH BUT NOT RI  CRIBE HOW INJURY  URY OCCURRED  Of Work  ed the deceased	ELATED TO THI  OCCURRED. (Er  20e. PLACE foctory  d from 1	TERMINAL DISEASE COL ter nature of injury in OF INJURY (Home, farm, , street, affice bldg., etc.	Part I ar Part II (C)	of item IB.) ity or tawn)	(Cau	19. Was PERF YES [	AUTOPSY ORMED? NO x (State)
Conditions, if on rise to immedia stating the und last.  PART II. OTHER S  20a. ACCIDENT W. OR CONTRIBUTIN (IF EITHER, NOTIF  20c. TIME OF IN Hour of OF IN H	IMMEDIATE CAUSE ( DUE  y, which gave to cause (o), erlying couse  GIGNIFICANT CONDITIONS CO  AS UNDERLYING  GICAUSE OF DEATH Y MEDICAL EXAMINER)  JURY Month, Day, Year .m. 19  ify that (I) (this has deceased alive an 1	to (b) Gene 10 (c) ONTRIBUTING TO 20b. DESC 20d. INI While of work	D DEATH BUT NOT RI  CRIBE HOW INJURY  URY OCCURRED  Of Work  ed the deceased	ELATED TO THI  OCCURRED. (Er  20e. PLACE foctory  d from 1	TERMINAL DISEASE COL ter nature of injury in OF INJURY (Home, farm, , street, affice bldg., etc.	Part I ar Part II (C)	of item IB.) ity or tawn)	(Cour , 19_ <u></u> and an th	19. Was PERF YES [	AUTOPSY ORMED? NO x (State)
Conditions, if an rise to immedia stating the und last.  PART II. OTHER S  20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTHE Mour of the control of the con	IMMEDIATE CAUSE ( DUE  y, which gave to cause (o), erlying couse  SIGNIFICANT CONDITIONS CO  AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)  JURY Month, Day, Year .m. 19  ify that (I) (this has deceased alive an 1	to (b) Gene 10 (c) ONTRIBUTING TO 20b. DESC 20d. INI While of work	DEATH BUT NOT RI CRIBE HOW INJURY  JURY OCCURRED Of Work  ded the deceased 19.66.	ELATED TO THE  OCCURRED. (Er  20e. PLACE foctory d fram 1	TERMINAL DISEASE COLUMN INJURY (Home, form, street, affice bldg., etc.	Part I ar Part II (C)  19_66., ta_1  11:45M, fi  MED.  DIRECTOR	of item IB.)  Ity or town)  Tam causes  STAFF PHYS.	(Cour , 19 <u></u> and an th	19. WAS PERF YES [	AUTOPSY ORMED? NO x (State)
Conditions, if an rise to immedia stating the und last.  PART II. OTHER S  20a. ACCIDENT W. OR CONTRIBUTIN (IF EITHER, NOTIF Hour of the control of the cont	IMMEDIATE CAUSE ( DUE  The cause (o), erlying couse  AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)  JURY Month, Day, Year .m. 19  Tify that (I) (this has deceased alive an 1  See) Dr. E. W.  ION, 23b. DATE THE	20b. DESC.  20d. INJ. While at work pital) attend 1-11- Ditto. REOF	DEATH BUT NOT RI CRIBE HOW INJURY  JURY OCCURRED Of Work  ded the deceased 19.66.	ELATED TO THE  OCCURRED. (Er  20e. PLACE focton  d fram 1  and that a  M.D.  215 1  METERY OR CR	TERMINAL DISEASE COLUMN TERMIN	Part I or Part II or P	of item IB.)  Ity or town)  Tam causes  STAFF PHYS.	(Caure ) 19_6 and an the 22b. DA	19. WAS PERF YES [	AUTOPSY ORMED? NO (State)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove sarban papers. Pages I and 2 shauld be filed with the State Dept. af Health priar ta burial, cremation, ar removal, and in any event, within 72 haurs after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16264 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o COLINTY b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND Washington c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Hagerstown
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) 6 days Clear Spring, e. IS RESIDENCE ON A FARM? NO F Washington Co. Hespital Martin St. Middle 3. NAME OF DECEASED November 10, 196619 DEATH Bruce Gessard (Type or print) AGE (In years lost birthdoy) IF UNDER 1 YEAR | IF UNDER 24 HRS. 24, 1886 7. MARRIED NEVER MARRIED WIDOWED DIVORCED Male 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY COUNTRY? Retired Carpenter Carpenter Wash Co. Md. 13. FATHER'S NAME Samuel Gessard Florence Janette Downs 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) 214-09-9629 Mrs Francis Hull Clear Spring, Md INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) one week PART I. DEATH WAS CAUSED BY: Cardiac Failure IMMEDIATE CAUSE (o) DUE TO Arteriosclerotic Heart Disease unknown Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse Arteriosclerosis, Generalized unknown last WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Diabetes Mellitus NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d INILIRY OCCURRED foctory, street, office bldq., etc.) Hour o.m. 21. I certify that (I) (Missing and intended the deceased fram Nov. 4, 19 66, to Nov. 10, 19 66, that (I) (Missing and Intended the deceased fram November 91966, and that death accurred at 6:10 A. Mom causes and an the date stated above. 19 66 to Nov. 10 19 66 that (1) (1) (1) last 22b. DATE SIGNED 220. SIGNATURE STAFF 11/12/66 M.D. DIRECTOR 22d. ADDRESS Clear Spring, Md. 21722 NAME (Type) Archie Robert Cohen, M.D., 23d. LOCATION (City or Town) 23h DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23o. BURIAL CREMATION. REMOVAL (Specify) St. Pauls Cemetery | Clear Clear Spring Wash Burial 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DATE NOV Clear Spring, Md.

The law requires that the death certificate be executed within 24 haurs after death death funeral and after d campletely filled in by The remave carbon in any and physician a nen please burial, cremation, or the signed by the burial-transit use as the lath prior to b Page 4 may be retained by the haspital ar attending far use Health TO FUNERAL DIRECTOR: After this certificate detached State [ pe with the 3 director, page should be filed VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

ì	1626	5		CERTIFICAT	TE OF DEAT	H		1626	4		
1.	PLACE OF DEATH a. COUNTY Washir			MARYLAND	2. USUAL RESIDEN a. STATE Mary lai		b. COU				imission)
	b. CITY OR TOW Write RURAL	N (if outside corpora and give nearest tov	te limits,	c. LENGTH OF STAY IN 1b							t town)
F		rerstown PITAL OR INSTITUTION	ON (if not In i	Life hospital, give street address	d. STREET ADDRESS	agers	town	21	0.	. IS RES	IDENCE
F		gerstown,	Mary	land							NO 🗌
3.	NAME OF DECEASED (Type or print)	Fi	irst	Middle	Last	4. DAT	711	th	Day	Yea	
5	SEX I	6. COLOR OR RACE		Barbara	8. DATE OF BIRTH		9. AGE (In years	TICUMDED 1	VEAD	19	
٠.	JEX /	O. COLOR OR RACE	7. MARRIEI		o. DATE OF BIRTH	883	last birthday)	Months	Days	Hours	Min.
	emale'	White	MIDOMEI	42	Jan 21,68		83 yrs.				
loa	Ing most of work	ng life, even If retire	done 10b.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (	County & Sta	ate, or foreign countr	12. CO	UNTRY	OF WHAT ?	
	Housewi				Washing	ton	Marylan	al U.	S.A		
13.	FATHER'S NAM	E			14. MOTHER'S MAI	DEN NAME					
	CEMER	XXX Lew	is Ren	nner	Barbar	e Hea	reman				
15 (Ye	. WAS DECEASED E	VER IN U.S. ARMED FO (If yes give war or dates of	RCES?   16	. SOCIAL SECURITY NO.   17	. INFORMANT	* ****	Addre	ess			
	No	(Tryes give mai or cates	, ou viecy		France to T	(7.20.0					
1		DEATH [Enter only on	e cause per	line for (a), (b), and (c), ]	Ernest I.	- UTI'C	).W.O		INTER	RVAL BE	TWEEN
1	PART I. DE	ATH WAS CAUSED BY			C 11 T7		D.1			ET AND	
	1/ 2/							year	S		
Н	Conditions 15	DUE	10								
	Cenditions, If		(b)								
	cause (a), st	ating the DUE	TO								
-	underlying caus		(c)								. TO DOM
CALIO	PART II. OTHER S	IGNIFICANT CONDITION	ONS CONTRIB	BUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL	DISEASEC	ONDITION GIVEN II	PART 1(a)	19. YES	WAS AU PERFOR	MED?
CERTO	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	WAS UNDERLYING ☐ NG ☐ CAUSE OF DEA TIFY MEDICAL EXAMI	TH NER)	DESCRIBE HOW INJURY OCC	CURRED. (Enter nature	of Injury In	Part   or Part	of Item 18.)			
EDICAL	Hour a.n		Year 20d. While	Not While fac	ACE OF INJURY (Home, tory, street, office bidg.,		. (City or town)	(Cour	nty)	(5	State)
Σ	p.n				( ]	10//	. 22 20	10 /	( 1h	ot (1) (s	ua) lact
	21. I certii	y that (i) (this nos	pitai) atteni	ded the deceased from_0	at death occurred at	1900-1	from the severe	, 196	A data	at (I) (V	obovo
	22a. SIGNATUR	ceased alive on 8-	-4)-	19.00 , and th	at death occurred at	A.	from the causes	22b. DA			anuve.
	ZZu. SIGNATOI	1 211	15	10	D. PHYS.	MED. DIRECTOR	STAFF PHYS.	11-1			
	22c. PHYSICIA		1	a w	22d. ADDRESS	DIRECTOR	rnis.	1 22-2	.0-0		
	NAME (Ty	Dr. E. V	V. Ditt	o. Jr. 215	W. Washingt	on St	Hagers	town	Md.		
23a	. BURIAL, CREM	ATION, 23b. DATE		23c. NAME OF CEMETE			LOCATION (City, 1			(\$1	tate)
	REMOVAL (Spe	NOW '	20,66	G+ Ponz		St	Paul	Wash.	N	Id.	
24		CTOR	0,00	St Paul ADDRESS	25a. RI	EC'D BY RE	GISTRAR   25b. F	EGISTRAR'S	SIGNA	ATURE	

Spring,

Md DATE

REC'D BY REGISTRAR

1966

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eyent, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

FUNERAL DIRECTOR

VR AI5 (4) 20M 1/65

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16266

#### CERTIFICATE OF DEATH

16265

/	10200		CERTITICATI	OI DEATH		20,000				
	PLACE OF DEATH     O. COUNTY	Washington	MARYLAND	CTATE AS	Where deceosed lived, if institute b. COUR	ion: Residence before odmission)  NTY Washington				
	b. CITY OR TOWN (	(If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
Ė	100 May 180	d give neorest town)  Hagerstown	62 yrs.	Hage	erstown	21-1				
	d. NAME OF HOSPIT	TAL OR INSTITUTION (If not in hospitol,	give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
1	Was	hington County Ho	spital	1001	Pope Ave.	YES NO 🗶				
	3. NAME OF DECEASED	First	Middle	Lost	4. DATE Mont					
	(Type or print)	William	Ault	Grove Sr.	DEATH /YOU embe					
	S. SEX Male	6. COLOR OR RACE 7. MARRIED White WIDOWED		8. DATE OF BIRTH  2an. 4, 18	9. AGE (In yeors last birthday) yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Doys Hours Min.				
			KIND OF BUSINESS OR	11. BIRTHPLACE (County	& Stote, or foreign country)	12. CITIZEN OF WHAT				
	during most of working	tenance Res	noustry rig. Mfg.	Frederick	e, County, Md.	COUNTRY?				
	13. FATHER'S NAME			14. MOTHER'S MAIDEN						
		William Temples			r Ault					
	<ol> <li>WAS DECEASED EVE (Yes, no, or unknown)</li> </ol>	(If yes give wor or dotes of service)		INFORMANT		**Hagerstown, Md.				
	No	22	20-10-3207 Mar	gie [Alexan	rder 931 Corb	ett St.				
	18. CAUSE OF D	EATH (Enter only one couse per line for TH WAS CAUSED BY:	1	. 10	J. 11 1.00	INTERVAL BETWEEN ONSET AND DEATH				
	1621	IMMEDIATE CAUSE (o)	nchogenic care	enoma of air	g, srappa love	unk.				
	Conditions, if ony	DUE TO		, (						
	rise to immediat	te couse (o),								
	stoting the unde	(c)								
	PART II. OTHER SI	IGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COM	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY				
	China	Ranketis!	Polmonery con	Musema		PERFORMED? YES NO				
	200. ACCIDENT WA	S UNDERLYING 🗆 20b. D	ESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 18.)					
		G CAUSE OF DEATH 'MEDICAL EXAMINER)								
	20c. TIME OF INJ. Hour o.			ACE OF INJURY (Home, form tory, street, office bldg., etc.)		(County) (Stote)				
	р.	m. 19 ot wo	rk L ot work L	,						
	21. I certi	ify that (I) (this haspital) atter eceased alive an 24 N	nded the deceased fram_ 1966, and the	it death accurred at	19 <i>66</i> , ta 25 <i>No</i> 12:50 PM; fram causes	and an the date stated abave.				
	22o. SIGNATURE		-D 1	ATTENDING/	MED. STAFF	22b. DATE SIGNED				
		Cloves 11/2	I hyder M	.D. PHYS.	DIRECTOR PHYS.	26 Nov 06				
ı	22c. PHYSICIAN'S NAME (Type		er M.D.	22d. ADDAESS	OTOMAC 84. 1	Hager town, my				
	230. BURIAL, CREMATIO	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City or To					
	REMOVAL (Specific		Rest Haven		Hagerstown	Washington Md.				
	24. FUNERAL DIRECTO	of the contract	ADDRESS	44.1		Cliarles Judge				
	Rest Hau	ven Funeral Chape	l Hagerstown,	Md. DATE	NOV 28 1966	Imarces Judge				

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending charge and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2-should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death... TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death Page 4 moy be retained by the hospital or ottending physician. VR A15 (4) 20 M 1/66

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please rembye\_readbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deaph. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
16267
CERTIFICATE OF DEATH
16966

70901	021(11110/111	10200				
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission				
WASHINGTON	MARYLAND	a. STATE MARYLAND b. CDUNTY WASHINGTON				
b. CITY DR TDWN (if outside corporate limit write RURAL and give nearest town)	c. LENGTH DF STAY IN 1b	c. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town				
HAGERSTOWN	3 DAYS	HAGERSTOWN 21./				
d. NAME OF HOSPITAL DR INSTITUTION (If no	t in hospital, give street address)	d. STREET ADDRESS   8. IS RESIDENC   DN A FARM?				
WASHINGTON COUNTY HOSP	ITAL	985 MARYLAND AVENUE YES ☐ ND X				
3. NAME OF First DECEASED (Type or print) EARL	MASON GUE	Last 4. DATE Month Day Year OF DEATH NOVEMBER 5 19 66				
5. SEX   6. COLDR DR RACE   7. MAI		8. DATE DF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HR				
MALE WHITE WID	OWED DIVORCED [	MAY 1, 1929   last birthday)   Months   Days   Hours   Min.				
10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired)  OFFICE CLERK  WHOLESALE PLUMBING  11. BIRTHPLACE (County & State, or foreign country)  WASHINGTON CO. MARYLAND  U.S.A.						
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
EARL M. GUESSFORD , S	R.	RUTH PALMER				
15. WAS DECEASED EVER IN U.S. ARMED FDRCES? (Yes, no, or unkown)   (If yes give war or dates of service		INFORMANT HAGERS AGAIN, MARYLAND				
YES 1946-1952		S. PHYLLIS M. GUESSFORD 985 MARYLAND AVE				
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, If any, which gave rise to immediate cause (a), stating the		native Pancreatitis 4 Dys				
Underlying cause last. (c)  PART II. DTHER SIGNIFICANT CONDITIONS CON  20a. ACCIDENT WAS UNDERLYING ☐ CAUSE OF DEATH  OR CONTRIBUTING ☐ CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	TRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY PERFORMED?   YES   ND				
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OD. DESCRIBE HOW INJURY DCCU	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)				
Hour a.m.		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)  ry, street, office bidg., etc.)				
21. I certify that (I) (this hospital) a saw the deceased alive on	ttended the deceased from 15	t death occurred at 15 M, from the causes and on the date stated above				
Schward W Di	HO JII M.D	ATTENDING MED. STAFF 44/7/4066				
22c. PHYSICIAN'S NAME (Type) EDWARD W. D	ITTO III M.D.	22d. ADDRESS 217 W. WASH. ST. HAGERSTOWN, MD.				
BURIAL (Specify) NOV. 8,19		EMETERY WILLIAMSPORT, MARYLAND				
24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				
CHARLES M. ROUZER HA	GERSTOWN, MARYLAN	D DATE NOV 10 1966 Acharles Judge				

VR AI5 (4) 20M 1/65

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lay is nece 3 to the f Page 5 m EXAMINER: This certificate should be executed within be forwarded pinous your

State hours 2 with within = permit. removal, burial-transit cremation, or r used as to burial, 3 should lagent, pri CTOR: Page designated execute . Page 4 director. Pag retained for 3 0 FUNERAL I 0

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution PLACE OF DEATN a. COUNTY WASHINGTON b. CDUNTY WASHINGTON MARYI AND c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY DR TOWN (If outside corporate limits, C. LENGTH DF STAY IN 1b HAGERSTOWN MOS . RURAL HAGERSTOWN d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) DN A FARM? HAGERSTOWN RT#1 HAGERSTOWN ND X DATE NAME OF Middle Month DECEASED KENNETH NOVEMBER FARL HADE TELL 28 19 66 DEATH (Type or print) AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED DIVORCED 12. CITIZEN DF WHAT 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (State or foreign country) U.S.A. BIDG. TITAH 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNKNOWN UNKNOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address GERSTOWN 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unknown) (If yes nive war or dates of service) 571-03-7269 MRS. JULIA W. RISLER MD. INTERVAL BETWEEN 18. CAUSE DF DEATN [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC CARDIO VASCULAR DISEASE DUE TO Conditions, if any, which **DIARETES** gave rise to immediate DUE TD cause (a), stating the (C)EPILEPSY underlying cause last. PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? ND X YES 20b. DESCRIBE HDW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL TIME DF INJURY Month, Day, Year | 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work Inspection X. 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry and In my opinion Undetermined manner Natural causes X. Suicide Homicide death resulted from: Accident CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 11-30-66 DEPUTY MEDICAL EXAMINER X NAME (Type) DR. B. Address (Street, city, town, or county) BURIAL, CREMATION. 1 23b. NAME OF CEMETERY OR CREMATORY LDCATION (City, town or county) (State) REGISTATE'S S REGISTRAR 25b. FUNERAL DIRECTOR ADDRESS 1966

VR A15ME 3500 4-64 RELATION OF THE PROPERTY OF TH

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate De executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

DIVISION OF STATISTICAL RESE	EARCH AND RECORDS	PARTMENT OF HEALTH , 301 W. PRESTON STREET, BALTIMORE E OF DEATH	1, MARYLAND 6268
PLACE OF DEATH a. COUNTY WASHINGTON	MARYLANO	2. USUAL RESIDENCE (Where deceased lived, If institution a. STATE MARYLAND b. COUNTY W	on: Residence before a
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write Ri	JRAL and give neare

	a. COUNTY	WASHINGT	ON	MARYLANO	A OTATE	IARYLAND	b. COUNTY WAS	SHINGTON	
1	b. CITY OR TOV	VN (if outside corpora	te limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporat		and give nearest town)	
1	HAGER	VN (if outside corpora L and give nearest tow STOWN	vn)	2 WKS.	CHE	WSVILLE		21.1	
2	d. NAME OF HO	SPITAL OR INSTITUTION	ON (if not in h	ospital, give street address)	d. STREET AOORESS		THE RESERVE	e. IS RESIDENCE	
1	WASHING	GION COUN	ry Hos	PITAL				YES NO	
	3. NAME OF OECEASED	Fi	irst	Middle	Last	4. DATE	Month	Oay Year	
ı	(Type or print)	HARI	RY	LEVI	HARTLE	DEATH	NOVEMBE	R 13 19 66	
	5. SEX	6. COLOR OR RACE	7. MARRIEO	NEVER MARRIEO	B. OATE OF BIRTH	9. AGE	(In years   IF UNDER birthday)   Months	1 YEAR IF UNDER 24 HRS.	
	MALE	WHITE	WIOOWEO	OIVORCEO [	3/24/18	66 1	OO yrs.		
	10a. USUAL OCCUPA	TION (Give kind of work king life, even if retire	done 10b. K	INO OF BUSINESS OR NOUSTRY	11. BIRTHPLACE (C	county & State, or fo	reign country)   12. (	OUNTRY?	
1		ED FARMER		WN FARM	MARY	LAND		J.S.A.	
1	13. FATHER'S NAM				14. MOTHER'S MAIC	DEN NAME			
1	LEV	I HARTLE			MARY J	. SLICK			
	15. WAS OECEASEO	EVER IN U.S. ARMED FO	PRCES? 16.	SOCIAL SECURITY NO.   17.	INFORMANT		Address (	CHEWSVILLE	
	NO	(11 yes give war or untes	2	14-48-4710	MR. ROBER	T L. HA	RTLE SR.	MD.	
-	18. CAUSE OF	DEATH [Enter only on	e cause per l	ine for (a), (b), and (c).]	- 1	1 1	-	INTERVAL BETWEEN	
1	PART I. O	EATH WAS CAUSED BY IMMEDIATE CAUSE		myoca	edeal in	Josefu	n	ONSET AND DEATH	
	14201	OUE			, - 11	1			
1	Conditions, If	any, which	(b) (A	rlerusseler	the her	nt de	rene /	25 WA	
М	gave rise to cause (a), s	ALLE							
	underlying cau	tating the	(c)						
	PARTII. OTHER	SIGNIFICANT CONDITION		JTING TO OEATH BUT NOT RELA	TEO TO THE TERMINAL	OISEASE CONDITIO	N GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMEO?	
	PARTII. OTHER  20a. ACCIOENT OR CONTRIBUT (IF EITHER, NO							YES NO D	
	20a. ACCIOENT	WAS UNDERLYING	20b. 0	DESCRIBE HOW INJURY OCCU	IRREO. (Enter nature o	f Injury In Part I	or Part II of Item 18	3.)	
1	(IF EITHER, NO	ING CAUSE OF OEA	NER)						
	3 20c. TIME OF	INJURY Month, Oay,	Year   20d. II		CE OF INJURY (Home, fa		or town) (Co	unty) (State)	
	20c. TIME OF Hour a.		While	Mor while	ry, street, office bldg., e	etc.)			
1	_								
		21. I certify that (I) (this hospital) attended the deceased from 1 - 2 - 1966, to 1 - 12, 1966, that (I) (we) last saw the deceased alive on 1 - 1 - 1966, and that death occurred at M, from the causes and on the date stated above.							
4	22a. SIGNATU		5	, and man	death occurred at			DATE SIGNEO	
		to hom to h	my	hue M.O	ATTENDING PHYS.	MEO. OIRECTOR P	TAFF   //-	-14-61	
	22c. PHYSIO	AN'S	206	ahue M.D.	22d. AOORESS			11 1	
/	IMINE ()	ype) John J.	1000	11.0	581	Norther	7 HVC /	tagerstorm.	
	23a. BURIAL, CREI	MATION, 23b. OATE		23c. NAME OF CEMETERY			ON (City, town or co		
	REBUTE TO	T' 11/	15/66	ROSE HILI	CEM.	HAGE	RSTOWN	MD.	

REC'O BY REGISTRAR

OATE

25b. REGISTRAR'S SIGNATURE

AOORESS

VR AI5 (4) 20M 1/65 FUNERAL DIRECTOR

Real Provider Court Street Cour

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AND STREET STREET STREET 3/21/1963 ALCO TO THE PART OF THE PART O TOTAL ALVERY

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16270 **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then place remaye carban papers. Pages 1 and 2 shauld be filled with the State Dept. of Health priar to burial, crematian, ar remayal, and in any event, within 72 haurs after dept.

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

CERTIFICATE OF DEATH

16263

1	PLACE OF DEATH		Where deceosed lived, if institution: Residence	before odmission)					
	o. COUNTY We shington MARYLAND	Maryland	i Washington						
-	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b		tside corporate limits, write RURAL and give n	neorest town)					
	write RURAL and give nearest town)			2//					
-	Haserstown  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	d. STREET ADDRESS							
			77	ON A FARM?					
-	Washington County Hospital		Baltimore St	YES NO					
3	NAME OF First Middle DECEASED	Lost	4. DATE Month	Doy Year					
L		ARTSOCK	OF DEATH OV 18 1966	19					
12		B. DATE OF BIRTH	lost birthdoy) Months D	YEAR IF UNDER 24 HRS.					
L	Female White WIDOWED DIVORCED .	Jany 18 19							
10	Do. USUAL OCCUPATION (Give kind of work done uring most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County		EN OF WHAT					
	Housewife Own nome		oudon Co Va. U	SA					
I	3. FATHER'S NAME	14. MOTHER'S MAIDEN N	NAME						
	Earl Miller	Ursula	Brown						
1	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT	Address						
1	Yes, no, or unknown) (If yes give wor or dotes of service)	ova s Hari	tsock 60 E. Balti	Wore St					
F	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)			INTERVAL BETWEEN					
1	PART I. DEATH WAS CAUSED BY: ONSET AND DEATH								
	DIE TO								
	Conditions if any which mays		1						
	rise to immediate couse (o).	C. A 4144 B40	a real known	1 year					
1	stoting the underlying couse   Dut 10 Princy sett of	- Coloursus		· p					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	EDITION CIVEN IN PART 1/c)	19. WAS AUTOPSY					
NOL	TAKE 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATTI BUT NOT RELATED TO	TIE TERMINAL DISEASE CON	TOTAL ON CAN IN PART 1(0)	PERFORMED?					
FICAT	20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (	Catan action of interests to	Don't Long Don't Houf James 10 3	YES NO					
CERTIFICATION	OR CONTRIBUTING CLOSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	corer noture or injury in i	ron I of Port II of Hem 16.)						
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form		ty) (Stote)					
ME	Hour o.m.  p.m.  19 While Not While of work of work	ory, street, office bldg., etc.)							
	21. I certify that (I) (this haspital) attended the deceased fram	W. 20 .1	966 to denth 19	that (1) (we) last					
	saw the deceased alive an 18 Nov. 1966, and that	death accurred at	M, fram causes and an the	date stated abave.					
	220. SIGNATURE	ATTEMPING	MED. STAFF 22b. DATI	E SIGNED					
	Jahn C. Starff M.D.	ATTENDING PHYS.	DIRECTOR PHYS.						
	22c. PHYSICIAN'S	22d. ADDRESS	Hagerstown	La.					
L	NAME(Type) John C. Stauffer	145 So	Prospect St						
2	30. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C	REMATORY	23d. LOCATION (City or Town) (Co	ounty) (Stote)					
	Burial 11/21/66 Rose Hill C	lenetarn	Hagerstown Wash	Co Md					
	24. FUNERAL DIRECTOR Hagerstown MadDRESS	25ő. REC'D	BY REGISTRAR 2Sb. REGISTRAR'S SIGI	NATURE					
	Andrew K. Coffman Funeral Hove In	C DATE N	OV 28 1966 Jan	les Judge					
-	THE PARTY OF THE P	3/							

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending plus clain and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
16271
CERTIFICATE OF DEATH
16270

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)							
Washington		MARYLAND	a. STATE Maryland Washington					
b. CITY OR TOWN (if outside corporate	limits,   c. LENG	TH OF STAY IN 1b	c. CITY OR TOWN		corporate limits, w			
write RURAL and give nearest town) Hagers town	2	weeks	Willia	menor	n +-		21.1	
d. NAME OF HOSPITAL OR INSTITUTION				ESS	U		e. IS RESI	
Washington County	Hospital	•	125 N.	Artiz	an Stree	et	ON A F.	NO X
3. NAME DF FIRS		Middie	Last	4. DA	TE Mon		Day Yea	,
DECEASED (Type or print) MARGARI	Eth N	EVIN	HEVERS	DF	ATH NOV.		13 19	66
5. SEX   6. COLOR OR RACE   7	. MARRIED   NEVE	R MARRIED	8. DATE OF BIRTH		19 AGE (In years	LIFUNDER 1	YEAR IF UNDER	24 HRS.
Female White	WIDOWED	DIVORCED X	Aug. 5	L897	last birthday)	Months D	ays Hours	Min.
10a. USUAL OCCUPATION (Give kind of work doduring most of working life, even if retired)	ne 10b. KIND OF BU	46.46.7			tate, or foreign countr	y)   12. CIT	IZEN OF WHAT	
Ret'd Nurse	Nursin	cr	Day	nnslyv	romio		NTRY?	
13. FATHER'S NAME	I MAT PTII	5	14. MOTHER'S N	MAIDEN NAM	E	-	DeB	
Dec Decree Manual			Me	mar Cr	oi en			
Dr. Bruce Nev:	ES?   16. SOCIALSI	CURITYNO I 17	INFORMANT	ary Gr		222	L MA	_
(Yes, no, or unkown) (If yes give war or dates of s	ervice)	10 BLE N			N. Ar Addr			
No manage	1143 10		Mrs. El.	Len N.	Heffner	r Wll		
18. CAUSE OF DEATH (Enter only one	cause per line for (a)	, (b), and (c).]	// -	1.6		- TV	INTERVAL BET ONSET AND D	EATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a	) Myou	udial	Infach	M	9		10 mis	· ·
4201 DUE TO	1 1		11	1	1/ -			
Conditions, If any, which	alleri	relero	tu per	U K	yeare		2/44	
gave rise to immediate (	0	-25-					/	
underlying cause last.	.)				Listania			
PARTAL OTHER SIGNIFICANT CONDITION		EATH BUT NOT REL	ATED TO THE TERMIN	IAL DISEASE	CONDITION GIVEN I	VPART 1(a)	19. WAS AU	
by thekete mellitue	Bout							NO D
20a. ACCIDENT WAS UNDERLYING	20b. DESCRIBE	HOW INJURY OCC	URRED. (Enter natur	e of Injury I	n Part I or Part II	of item 18.)		-
PART 11. OTHER SIGNIFICANT CONDITION  Laket meditur  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINE	(R)							
ZOC. TIME OF INJURY Month, Day, Ye Hour a.m. 19		fact	ACE OF INJURY (Homory, street, office bld	e, farm, 20	f. (City or town)	(Coun	ty) (S	tate)
Hour a.m.	While Not !	wniie — 1	017, 311001, 011100 111	8.,010.,		1		
21. I certify that (I) (this hospit		eceased from	Fehmlam	. 19 66 .	to lovent	4/31966	that (I) (w	e) last
saw the deceased alive on	Nov. 13 1	9.66 and the	t death occurred	at57 2579M	, from the causes	and on the	e date stated	above.
22a. SIGNATURE		/			Property Inc.	22b. DA	TE SIGNED	
7 Am	43 Hardy	M.	D. PHYS.	MED. DIRECTO	R PHYS.	11.	-14-66	
22c. PHYSICIAN'S			22d. ADDRES				263	
NAME (Type) Edson B	. Moody, M	. D.	145 S. F	rospec	t St., Ha	gersto	in, Ma.	
23a. BURIAL, CREMATION, 23b. DATE TH	IEREOF   23c. M	AME OF CEMETER	Y OR CREMATORY	23d.	LOCATION (City,	town or cour	ity) (St	ate)
DEMOVAL (Specify)	16-66 Fai	rview C	emetery	Men	rcersbur	g. P	а.	
24. FUNERAL DIRECTOR		DDRESS	25a.		EGISTRAR   25b.			
Albert L. Leaf	Williamsp	ort Md.	DATE	NOV	16 1866	gelia	rles Jus	ye.

VR AI5 (4) 20M 1/65

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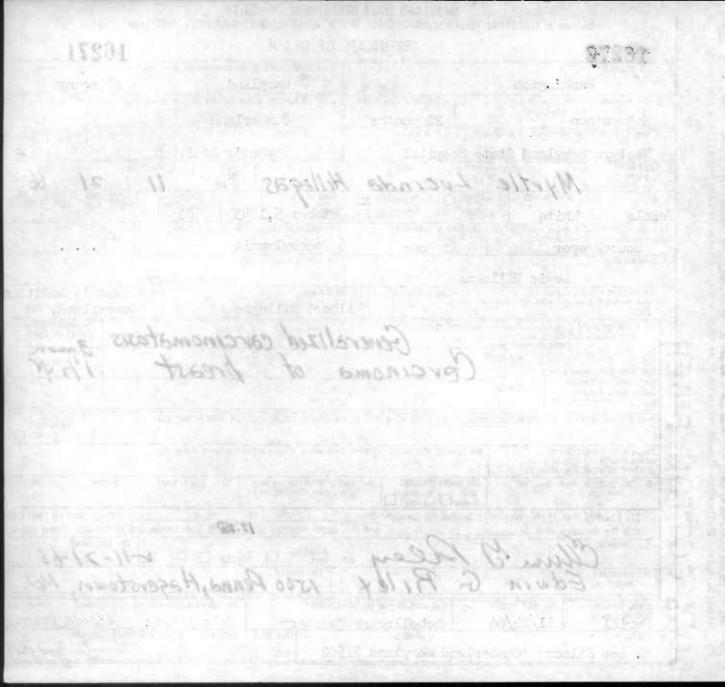
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	16272		CERTIFIC	CATE	OF DEATH		16271		
1.	PLACE OF DEATH				CTATE	1 (011)	ian: Residence before admission)		
	o. COUNTY Wa	shington	MARYLA	.ND	o. STATE Maryland b. COUNTY Allegany				
	b. CITY OR TOWN (If or write RURAL and give		c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If out	side carparate limits, write RUF	RAL and give nearest tawn)		
	Hagerstov	m	22 months		Cumbe	rland	01-2		
			haspital, give street address)		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?		
1	Western M	laryland Sta	te Hospital		Bowma	n's Addition	YES NO		
3.	NAME OF DECEASED	First	Middle	7/5	Lost	4. DATE Mont	th Doy Year		
	(Type or print)	MyrTle	Lucinda	1	111111111111	DEATH //	2/ 1966	-	
S.	SEX 6.		MARRIED NEVER MARRIED		DATE OF SIRTH	9. AGE (In years lost birthdoy) 83 yrs.	Months Doys Hours M		
	emale	TILLE OC	IDOWED DIVORCED		ctober 5,18			_	
du du	a. USUAL OCCUPATION (Gi ring most of working life,	even if retired)	10b. KIND OF BUSINESS OR INDUSTRY			Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
	Housekee	eper	At Home		Pennsylvan		U.S.A.		
13	. PAINER 3 NAME	T 11277			14. MUTHER S MAIDEN N				
15	S. WAS DECEASED EVER IN	Lewis Hill	16. SOCIAL SECURITY NO.	17 IN	FORMANT	Annie Mowry	essBowman's Addit	ion	
(Ÿ	es, na, or unknown) (If	yes give war ar dates of serv	vice)		bert Hilleg		Cumberland, Md		
-		H (Enter only one course no	er line for (a), (b), and (c).	141	, , ,	,45	INTERVAL BETWEEN		
	PART I. DEATH \	WAS CAUSED BY:	- mis ior (d), (o), and (c).	1000	VIZER CA	veinomat			
7	170×	IMMEDIATE CAUSE (a) DUE TO	N			1 1	Jones		
8	Conditions, if any, wh		Corcino	ma	6t	Dreast	1/2 1		
1	rise to immediate co								
	last.	(c)_							
Z	PART II. OTHER SIGNI	FICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELAT	ED TO TH	IE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?		
CATIO							YES NO		
CERTIFICATION	20a. ACCIDENT WAS UN OR CONTRIBUTING		20b. DESCRIBE HOW INJURY OCCI	JRRED. (E	inter nature af injury in P	art I or Part II of item 18.)			
		DICAL EXAMINER)							
MEDICAL	20c. TIME OF INJURY Haur o.m.	Manth, Day, Year	20d. INJURY OCCURRED 2 While Not While		OF INJURY (Hame, farm, ry, street, affice bldg., etc.)	20f. (City or town)	(Caunty) (State	)	
Z	p.m.	19	at wark U at wark U					_	
		,,,,	I) attended the deceased fr	am	, ] <sup>(</sup>		, 19, that (I) (we) and an the date stated ab	last	
	22a. SIGNATURE	ased alive an	19, an	d IIIdi	dealli accorred ar	m, num cuoses	22b. DATE SIGNED	ave.	
+	220. SIGNATURE	Ulm. E	Idley	M.D.	ATTENDING PHYS.	MED. DIRECTOR PHYS. 12	7-11-21-66		
	22c. PHYSICIAN'S	FI	CPI	-	22d. ADDRESS	2 1	1 11	_	
	NAME (Type)	edwin	5 MILE	<del>Y</del>	1500 M	enna, Hage	rstown, Mc	,	
23	a. BURIAL, CREMATION,	23b. DATE THEREON	23c. NAME OF CEMETE	RY OR C	REMATORY .	23d. LOCATION (City or To	wn) (County) (Stote)		
	Burial (Specify)	11/24/66		rg (		Schellsburg		a	
2	4. FUNERAL DIRECTOR		ADDRESS	4			EGISTRAR'S SIGNATURE	7	
	H. Lee Si	Llcox Cumb	erland Marvland	215	02 DATE	IDV 2.8 1966	Miarles Judg	4	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 haurs offer death.

VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

funeral 1 and 2 er death. ve carban papers. Pages 1 event, within 72 hours after .= filled campletely remave pup remay permit. burial, crematian, ar signed by the burial-transit p **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital ar attending physician. as the has far use F Health p certificate detached O FUNERAL DIRECTOR: After this State director, page 3 shauld shauld be filed with the VR A15 (4) 20 M 1/66

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

S. SEX last. CERTIFICATION MEDICAL

CERTIFICATE OF DEATH 16273 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence by an admission) 1. PLACE OF DEATH o. COUNTY Washington o. STATE Maryland b. COUNTY Washington MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b Rural Boonsboro Life IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Reeder Nursing Home YES NO Rfd. 2 3 NAME OF Middle 4. DATE Last Day Year DECEASED OF Carmie Elmer Houpt November 22. 19 66 (Type or print) DEATH 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR LIF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Manths Days Haurs Male X White WIDOWED DIVORCED May 1, 1879 2] 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY Farming Clevelandville, Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Unknown Unknown Hagawetown, Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, ar unknown) (If yes give war ar dates af service) 213-12-7248 Mr. Winter Houpt, 252 N. Mulberry St. No. 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) \_ DUE TO Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO 20g. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) 20c. TIME OF INJURY Manth, Day, Year (County) Hour a.m. factory, street, affice bldg., etc.) Nat While at work at wark 21. I certify that (I) (this hospital) attended the deceased fram Massi 196 6 1966, and that death accurred at 10AM, fram causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (State) REMOVAL (Specify) 11- 24- 66 Boonsboro Cemetery Boonshoro 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR Murley

John H. Bast, Jr. 112 N. Main St. Boonsboro, Md. DATE

THE REPORT OF THE PROPERTY OF 

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16274

CERTIFICATE OF DEATH

16273

	1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)					
	d. COUNTY WASHINGTON MARYLAND					LAND	o. STATE b. COUNTY				
110		L CITY OF TOWN	If autside corporate limit		c. LENGTH OF STAY I		MARYLAND MONTGOMERY  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
		write RURAL an	d give nearest tawn)	3,	2 MO.	1 15			WAL die give	nourest town,	
	HAGERSTOWN ~ PAO.					GERMANT	COMN .		15 2	51165	
01		d. NAME OF HOSPIT	AL OR INSTITUTION (If n	ot in hospital, g	give street address)		d. STREET ADDRESS			e. IS RESIDE ON A FAR	RM?
91		West. M	d. Stot	2 H	osp		RT. 1	BOX 13			NO 🔀
		NAME OF	a a Fi	rst	Middle		( ) Last		onth	Day Year	
		DECEASED (Type or print)	Add	10	Louise		Howell	OF DEATH	//	12 196	6
	S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1		
	F	TEMALE	WHITE	WIDOWED	DIVORCED		1/6/1940	lost birthdoy) 26 yrs.		Days Haurs	Min.
	10a	. USUAL OCCUPATIO	N (Give kind of work done		ND OF BUSINESS OR			y & Stote, or foreign country)		IZEN OF WHAT	
	duri	ing most of working	life, even if retired) MAKER	IN	OWN HOME					U.S.A.	
		FATHER'S NAME	PIANER		OWN HOPE		NORTH CAP			U.D.A.	
	10.		IDD INTO								
	10		ER LEWIS  ER IN U.S. ARMED FORCES?	1 1/	SOCIAL SECURITY NO.	17	INFORMANT	EWIS	dress TTA		
	(Ye	es, na, ar unknawn)	(If yes give war or dates	of service)				to the first trail and a co	HA	GERSTOWN	
				24	4 62 4276	M	ESTERN MAR	CLAND STATE HO	DSP.	MARYLAND	
			EATH (Enter anly one country that the EATH (Enter anly one country the EATH (Enter anly one country that the	use per line far	(a), (b), and (c).)	0	6.1.1	. /		ONSET AND DE	
		PAKT I. DEA	IMMEDIATE CAUSE	(a)		1	DIIIT	Y		7 /24	r de
	10	163.	X DUE	TO 1	1.1.1.	00	- 1	01	1.40	Zmo	-1
		Conditions, if any		(b)	17as1.d	50.	5 70	SFINE		3 mor	1_
3		rise to immedia stating the unde		TO //	1 1/-		6	11		1	
	ď	last.	)	(c) / (	521402	m	OT	pieura		6 mo	45
	-	PART II. OTHER S	IGNIFICANT CONDITIONS	ONTRIBUTING 1	TO DEATH BUT NOT REL	ATED TO	THE TERMINAL DISEASE C	ONDITION GIVEN IN PART 1(0)		19. WAS AUTOF PERFORME	
2	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)									YES N	10
~	FIC	20g. ACCIDENT WA				CURRED.	(Enter noture of injury in	Port I or Port II of item 18.)			
5	CERT		CAUSE OF DEATH								
-			MEDICAL EXAMINER) URY Manth, Day, Yeor	204 11	NJURY-OCCURRED	200 DI A	CE OF INJURY (Home, far	m. 20f. (City or town)	(Cou	inty) (S	itate)
3	MEDICAL	Haur a.	m.	While			tary, street, office bldg., et		(000	1) (3.	idioj
5	2		m. 19	at war			4-25-0				
5		21. I cert	ify that (I) (this ha	spital) atten	ded the deceased	fram_	SEPT 6	1966 to NOV 1	2, 196	6, that (I) (w	ve) last
		20W Life C	leceased dilve oil_	MON II	1900 ,	and the	t death accurred a	t 4.757M, fram cause			abave.
		22a. SIGNATURE	191	MI	200		ATTENDING	MED. STAFF	- 1/	ATE SIGNED	/
			uum	0	con	M.		DIRECTOR L PHYS.	tot //-	12-01	0
1		22c. PHYSICIAN' NAME (Type		1 6	Dila	1	22d. ADDRESS				
		- HAME (17ph	1-awir	10	17/16	4					
5	230	BURIAL, CREMATI	ON, 23b. DATE TH	EREOF	23c. NAME OF CEMI		0 1	23d. LOCATION (City or		h	ate)
1		REMOVAL (Specif REMOVAL	" 11/13	/1966	JEFFERS	ON (	Emetery_	WEST JEFFERS	1000	ISHE N.	.C.
	24	. FUNERAL DIRECT			ADDRESS		Isay RE	D BY REGISTRAR 2Sb.	REGISTRAR'S SI	GNATURE	
}.	(	CHARLES I	1. ROUZER	HAGER	RSTOWN MAT	RYTAI		1 1966 A	Marily	yearge.	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending, hysician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. To please remove carban papers. Pages 1 and 2 shauld be filed with the State Deat of Health print to burial cremation, of removal, and in any event, within 72 haurs after death. TO:HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

> VR A15 (4) 20 M 1/66

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Addie Louise

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Y		16275		CERTIFIC	ATE OF DEATH		16274
0		ACE OF DEATH	ington	MARYLAI	o. STATE M	CE (Where deceosed lived, if instituer b. COU	Washington
	b.	CITY OR TOWN (If outside write RURAL ond give ne	corporote limits, prest town	c. LENGTH OF STAY IN 1		If outside corporote limits, write RU	21.1
	d.	NAME OF HOSPITAL OR IN	STITUTION (If not in hospit		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
79		Washing	ton County 1	Hospital	4	04 W. Franklin St	YES NO K
	D	AME OF ECEASED ype or print)	First	Middle	- Huntsberge		per 22 1966
	S. S		or or race 7. Marr hite WIDOW		8. DATE OF BIRTH Nov. 22, 1	9. AGE (In yeors lost birthdoy) Yrs.	IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.
	10o. durin	USUAL OCCUPATION (Give kir g most of working life, even	nd of work done 10'	b. KIND OF BUSINESS OR INDUSTRY		ounty & Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
NA.	13.	FATHER'S NAME ROM	ald Raleigh	Howlett	14. MOTHER'S MAI	DEN NAME tricia Ann Hunts	sberger
	1S. (Yes	WAS DECEASED EVER IN U.S., no, or unknown) (If yes gi	ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Patricia An	Add	esHagerstowMd. 104 W. Franklin St.
	П	18. CAUSE OF DEATH (Ent	AUSED BY:		o markeau	o deserve	INTERVAL BETWEEN ONSET AND DEATH
		773.5 Conditions, if ony, which g	DUE TO  OVE ) (b)	Imm tu	y. De		2 hu
		rise to immediate couse stating the underlying colost.	(0),	y vvo waso vo			
0	NOIL	PART II. OTHER SIGNIFICAN		ING TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
0	CERTIFICATION	20o. ACCIDENT WAS UNDERL OR CONTRIBUTING ☐ CAUS (IF EITHER, NOTIFY MEDICAL	F OF DEATH	b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter noture of inju	ry in Port I or Port II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Mon Hour o.m. p.m.	ith, Doy, Yeor	Od. INJURY OCCURRED 2 While Not While twork ot work	Oe. PLACE OF INJURY (Home foctory, street, office bldg		(County) (Stote)
			(I) (this haspital)	ttonded the decorred fr	am 23/Usus	d at 5 7 MM, fram causes	, 19 <b>66</b> , that (i) (w <b>6</b> ) last and an the date stated above
		220. SIGNATURE	Brold	THAT	ATTENDING M.D. PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 25 Nov 1466
		22c. PHYSICIAN'S NAME (Type)	Harold H.Gi	st M.D.	22d. ADDRESS 214 N,	Potomac St. Hag	erstown, Md.
1						T OOL LOCATION (C)	
8	230	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF	23c. NAME OF CEMETE	en Cemetery 250.	23d. 10CATION (City or 1	44.0

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16276 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY MARYLAND WASHINGTON WASHINGTON MARYLAND b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neorest town) 10 HRS. HANCOCK HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? WASHINGTON COUNTY HOSPITAL 117 W.MAIN ST YES T NOX 3. NAME OF Middle First Lost 4. DATE Month Doy Year DECEASED OF DEATH JOHN ROY INGRAM 66 19 (Type or print) IF UNDER 24 HRS B. DATE OF BIRTH AGE (In veors IF UNDER 1 YEAR S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Doys Hours 11.28.83 WIDOWED DIVORCED 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign cauntry) COUNTRY? during most of working life even if retired) INDUSTRY WASHINGTON COUNTY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN INGRAM LYDIA M YOUNKER IS. WAS DECEASED EVER IN U.S. ARMED FORCES? WD. 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) W. MAIN ST. HANCOCK INGRAM 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. Not While of work ot work , 1966, to 21. I certify that (1) (this haspital) attended the deceased from on 11/29 . thot (I) and that death occurred at M, from causes and on the date stated above. sow the deceased olive on. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) (County) MD (Stote) BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. DATE THEREOF REMOVAE (Specify) 11.22.66 ST PAUL CLEARSPRING WASHING 24. FUNERAL DIRECTOR **ADDRESS** 

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and 2 funeral after after by the f papers. Pagi hin 72 haurs o ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs .⊑ filled within pau campletely and in any event, remave car pup ease ar remayal, affendi permit. burial, crematian, burial-transit signed by physician. priar ta Page 4 may be retained by the hospital ar attending the has been SD for FUNERAL DIRECTOR: After this certificate had director, page 3 should be detached far use chould be filed with the State Dept. af Health |

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 16277 CERTIFICATE OF DEATH 16276

1. PLACE OF DEATH a. COUNTY WASHINGTON MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE MARYLAND b. COUNTY WASHINGTON
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
HAGERSTOWN 1 MONTH  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	HAGERSTOWN  d. STREET ADDRESS  1 0. IS RESIDENCE
WASHINGTON COUNTY HOSPITAL	ON A FARM?
3. NAME OF FIRST MIDDLE	Last 14. DATE Month Day Year
DECEASED (Type or print) ANNA BEATRICE	KING DEATH NOVEMBER 17 19 66
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   FEMALE   WHITE   WIDOWED   DIVORCED	FEB. 14, 1896  9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS.   Hours   Min.   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  WAITRESS  10b. KIND OF BUSINESS OR INDUSTRY  RESTAURANT	11. BIRTHPLACE (County & State, or foreign country)  ONEQNTA, NEW YORK  12. CITIZEN OF WHAT COUNTRY?  U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JAMES O'BRIEN	ANNA BURKE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) 1(If yes give war or dates of service)	INFORMANT HAGERSTONANGES MARYLAND
NO (Tyes give war or dates of service) 07-003-5602A MR	S. MARY ALICE HEIMBUCH 208 GREEN VALLEY DR
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (2) Henatic Fo	ilure 1 wh.
1538 DUE TO 1	
Conditions, If any, which gave rise to immediate (b) Melasialic	Carcinsma of The Liver 15 months
cause (a), stating the DUE TO underlying cause last.	weinoma of the Colon t/6 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTR	RRED. (Enter nature of injury in Pert I or Part II of Item 18.)
	CE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	ry, street, office bidg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	, 1967, to Nov , 1966, that (1) (we) last
	death occurred at 530P.M, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF 44/48/4066
22c. PHYSICIAN'S	ATTENDING A DIRECTOR PHYS. 11/18/1966
NAME (Type) CHARTES C. SPENCER M.D.	145 S. PROSPECT ST. HAGERSTOWN, MD.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER)	OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify) 11/18/1966 CALVARY CEME	
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
CHARLES M. ROUZER HAGERSTOWN, MARYLAND	DATE

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY Washington Maryland Washington MARYIAND b. CITY OR TOWN (If gutside carporate limits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Hager Stown Hagerstown 25 years e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street oddress) d. STREET ADDRESS 126 E. Franklin St. Martin Manor YES NO T 3. NAME OF First Middle 4. DATE Month lost DECEASED (Type or print) RACHEL (NMN) KOCHENOUR 66 November 28 9. AGE (In years IF UNDER IF UNDER 24 HRS 6. COLOR OR RACE B DATE OF BIRTH 7. MARRIED NEVER MARRIED birthdov) Haurs whiet June 1, 1892 female DIVORCED WIDOWED 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10g. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel COUNTRY? Middletown. Penna. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME John F. May Louisa Lightner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED TOACES. (Yes, na, ar unknown) (If yes give war ar dates of service) 220–16–1736 Walter May Hagerstown, Md. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) Months PART I DEATH WAS CAUSED BY arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a). DUE TO Conditions, if any, which gave (b) rise to immediate couse (o), DUE TO stating the underlying couse last. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO XX 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, form, (State) 20c. TIME OF INJURY Manth. Day. Year 20d. INJURY OCCURRED (City or town) (County) factory, street, affice bldg., etc.) Hour a.m. at wark 21. I certify that (1) (this hospital) attended the deceased fram October . 19 61 to Nov. 1966., that (1) (we) last 1966 and that deoth occurred of 2:05MAM causes and on the date stated above. saw the deceased alive on Oct. 22a. SIGNATURE 22b. DATE SIGNED 11/28/66 DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Northern Ave., Hagerstown NAME (Type) Howard N. Weeks, M.D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (County) (State) b REMOVAL (Specify) 11-30-66 Rose Hill Cemetery Hagerstown, Md. 2Sa. REC'D BY REGISTRAR ADDRESS 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

Hagerstown, Md.

DATE

requires that the death certificate be executed within 24 haurs after death. by the funeral Pages 1 and 2 campletely filled in pup physician a attending permit. The signed by the attendi burial-transit permit. be retained by the haspital ar attending has been certificate TO FUNERAL DIRECTOR: After this TO HOSPITAL Page 4 may b

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VR A15 (4) 20 M 1/66

Minnich Funeral Home

directar, page 3 should should be filed with the

VR A15 (4)

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 16278

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Washington MARYLAND	Maryland Washington
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Hgerstown Maryland 34yrs.  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	Hagerstown Maryland 2//
Washington County Hospital	133 W. Bethel Street YES NO NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
(Type or print) George Thomas	Lee DEATH NOV 10 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey)  Months Days Hours Min.
Male Colored WIDOWED DIVORCED 3	Tuly 9 1914   52 yrs.   10015
10e. USUAL OCCUPATION (Giva kind of work dona during most of working life, aven if ratirad)  Janitor  10b. KIND OF BUSINESS OR INDUSTR  Private family	11. BIRTHPLACE (County & State, or foraign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Nashville, Tenn.   USA.
George Lee	Lucy Cheatham
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16 SOCIAL SECURITY NO 1 17 T	
(Yas, no, or unkown) (Ifyesgive werordates of service)  Ves World War 2 213-18-8129 Mr	s. Lucy Lee 133 W. Bethel Street
18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Carcinoma of the e	sophagus onset and death unknown
150 X DUE TO	
Conditions, if eny, which (b)	
gava risa to immediata cause (a), stating the underlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Hypertensive cardiovascular disease. Cy arthritis.	stitis, pyelitis. Rheumatoid
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO Hypertensive cardiovascular disease. Cy arthritis.  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE OF CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of itam 18.)
3 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
p.m. 19 at work at work	pry, streat, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	Nov. 5 , 1966, to Nov. 10 , 19.66, that (I) (we) last
saw the deceased alive on NOV. 9 1966, and that	death occurred at 2:.50, from the causes and on the date stated above.
22a, SIGNATURE	ATTENDING MED. STAFF SIGNED
M. M. Johnson	D. PHYS. X DIRECTOR PHYS. Nov. 12, 1966
22e. MYSICIAN'S NAME (Type) William T. Layman, M. D.	22d. ADDRESS
	100 Professional Arts Bldg.
Burial Nov 14 1966 Rose Hill C	cemetery Hagerstown Md. (State)
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
John R Watson In . Hagerstown	Mod. DATE NOV 15 1966 Schanles Judge
	*

21331 Leaf the Shirtshop World per K Water of Wagairous MK TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

## MARYLAND STATE DEPARTMENT OF MEALTH

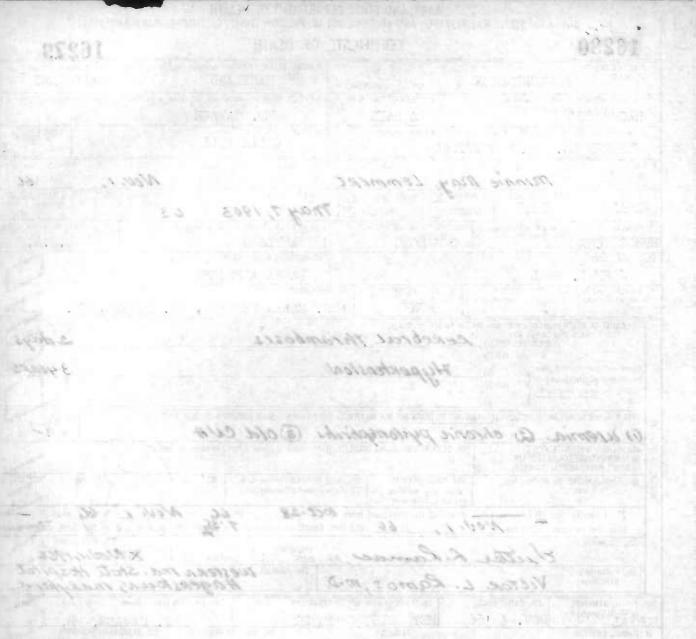
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16280

## CERTIFICATE OF DEATH

16279

	PLACE OF DEATH o. COUNTY	WASHINGTON	MARYLAND	o. STATE MARS	(Where deceosed lived, if institution b. COUNTY)	ion: Residence before admission) NTY ALLEGANY
	b. CITY OR TOWN (	If autside corporate limits,	c. LENGTH OF STAY IN 16		outside corporate limits, write RUF	RAL and give nearest tawn)
		dive nearest town)	4 DAYS	MT.	SAVAGE	01.2
	d. NAME OF HOSPIT	AL OR INSTITUTION (If not in ho	spital, give street address)	d. STREET ADDRESS	UTTT	e. IS RESIDENCE ON A FARM?
	WESTERN	MD. STATE HOSP	TAL	CHILL	HILL	YES NO 🛣
	NAME OF DECEASED (Type or print)	minnie n	Middle  Nay LEMMER	Lost	4. DATE Mont OF DEATH NO	Doy Year
	SEX FEMALE	TITITION	NEVER MARRIED DIVORCED	8. DATE OF BIRTH  may 7, 19	9. AGE (In years lost birthdoy) 63 yrs.	Manths Doys Hours Min.
	USUAL OCCUPATION		OWN HOME	11. BIRTHPLACE (Count MARYLANE	y & Stote, ar foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
	JOHN L	. BEAL		LAURA AI	BRIGHT	
15.	. WAS DECEASED EVE	R IN U.S. ARMED FORCES?		17. INFORMANT	Addre	ess
(Ye	es, na, or unknawn)	(If yes give war or dotes of service	NONE	MRS. CLARA KE	ENNELL, MT. SAV	VAGE. MD.
	Canditions, if any rise to immediat stating the unde last.	DUE TO (b) e cause (o), rlying cause (c)	Cerebral The	oN	DISTRICT CHICK IN DADT 14	3 YEARS
ATION	() ELLEN		UTING TO DEATH BUT NOT RELATED			PERFORMED? YES Z NO
CERTIFICATION		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Part I ar Part II of item 18.)	
MEDICAL	Hour a.r	n. 19	While of wark O of wark	PLACE OF INJURY (Hame, for foctory, street, affice bldg., etc.	c.)`	(County) (Stote)
	21. I certi	fy that (1) (this hospital) eceased olive on 100	ottended the deceased from	m_ <i>GCC+28.</i> that death occurred o	19 66, to NOV. of 7:35 M, from causes	, 1966, that (1) (we) la and on the date stated obove
	22o. SIGNATURE		L. Lamae	M.D. ATTENDING PHYS.		22b. DATE SIGNED  NOVALIEGE
	22c. PHYSICIAN'S NAME (Type	VICTOR I	L. Ramos, M	22d. ADDRESS Z	Hagerstown	State Hospital
	o. BURIAL, CREMATIC REMOVAL (Specify URIAL		23c. NAME OF CEMETERY METHODIST C		23d. LOCATION (City or To	VAGE, MD.
	4. FUNERAL DIRECTO		ADDRESS	2Sa. REC	D BY REGISTRAR 2Sb. RE	EGISTRAR'S SIGNATURE
1.1	TOSEPH R.	DIRST, SR., F	ROSTRIEG. MD.	DATE AL	UN - 1000	Milayeles Judge



THE PERSON AND PROPERTY OF THE PERSON AND PROPERTY OF THE PERSON AND PARTY OF

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deather TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death Page 4 moy be retained by the hospitol or attending physicion. VR A15 (4) 20 M 1/66

		16281			CERTIFIC	CATE	OF DEATH		11	6280
9		PLACE OF DEATH					2. USUAL RESIDENCE (WH	nere deceosed lived, if instituti		
			shington		MARYLA		o. STATE Maryla	and F	reder	
	t	o. CITY OR TOWN (	f outside corporote limits, I give neorest town)	c. LENG	TH OF STAY IN	lb	c. CITY OR TOWN (If outs	ide corporote limits, write RUR	tAL ond give	neorest town)
		He	gerstown		hours		Rural	Myersville	е	10:2
	C	. NAME OF HOSPIT	AL OR INSTITUTION (If not in h	ospitol, give street	oddress)		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
9			shington Co	. Hosp	ital		Route	# 1		YES NO 😿
		NAME OF DECEASED	First	GEORGE	Middle		Lost	4. DATE Mont	h	Doy Year
	1	Type or print)	GOERGE	000000	LE		DUSKI	DEATH NOVE		9 19 66
	5.) 5	SEX	6. COLOR OR RACE 7. M	ARRIED 🔀 NE	VER MARRIED	8	. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months 1	YEAR IF UNDER 24 HRS. Doys Hours Min.
	/	male	white WI	DOWED _	DIVORCED		March 12,1	1925 43 yrs.		
			(Give kind of work done	10b. KIND OF BU			11. BIRTHPLACE (County &			ZEN OF WHAT
	QUIII	Labor	er Gen Con	struct:	ion Co		Forrest	Penna.	U.S	NTRY?
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN NA	ME	610	
		Pau]	Levenduski			1900	Gertrud	le Buskourt		
В	15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. SOCIAL SE	CURITY NO.	17. 11	FORMANT	Addre	ss	Rt.#1
7	(7 6	no or unknown)	R IN U.S. ARMED FORCES? ((If yes give wor or dotes of servi	(e)		Mr	s.Viola Le	venduski.M	versv	
			ATH (Enter only one couse per		ond (c).)					INTERVAL BETWEEN
£		PART I. DEAT	TH WAS CAUSED BY:  IMMEDIATE CAUSE (o)	Congest	ive He	art	Failure		Party .	CONSEL CHAT DEVIH
		416)	DUE TO							
		(onditions, if ony, which gove ) (b) Rheumatic Heart Disease								4 years
		rise to immediate couse (o), stoting the underlying couse DUE TO								
7		lost. (c)								
	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED?								19. WAS AUTOPSY
	ATIO									YES NO X
	CERTIFICATION	20o. ACCIDENT WAS		205. DESCRIBE HO	W INJURY OCC	URRED. (	Enter noture of injury in Po	ort I or Port II of item 18.)		
			CAUSE OF DEATH MEDICAL EXAMINER)							
	MEDICAL		JRY Month, Doy, Yeor	20d. INJURY OCC			E OF INJURY (Home, form,	20f. (City or town)	(Cour	nty) (Stote)
	ME	Hour o.m	n. n, 19		While work	tocto	ry, street, office bldg., etc.)			
		21. I certi	fy that (I) (this haspital)	attended the	deceased fr	am	8-28 , 19	62 to 11-9	1-, 196	6, that (I) (we) last
			eceased alive an	11-9	19 66, an	d that	death accurred at 1	1442M, fram causes	and an th	e date stated above.
		220. SIGNATURE	1 1 31				ATTENDING N	NED. STAFF	22b. DA	TE SIGNED
		(har	lis in. Hes	2		M.D	. PHYS. 🔟 D	RECTOR PHYS.	] 11-	10-66
		22c. PHYSICIAN'S NAME (Type)		. Hess.	M.D.		22d. ADDRESS	thsburg, Mary	vland	21783
	22-				AME OF CEMETE	DV OD C				
	230.	REMOVAL (Specify		TToo	ited I			23d. LOCATION (City or Total		County) (Stote)
	24	FUNERAL DIRECTO		Chart	ADDRESS	710	1250 RECD	DY DECISTRAD 1 955 DE	CICTDAD'C CIC	GNATURE
1	24.	1	auth Bit	2411		17.0	RUV I	4 1966 Ville	wee I	udge
0			CHAT L DEC	MOY MY	ersvil	rTe.	Md DATE	ď	1	0

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	sect the fit in the		
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# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1628	2	CERTIFICATI	OF DEATH		16281				
PLACE OF DEATH     O. COUNTY     W	ASHINGTON	MARYLAND	2. USUAL RESIDENCE ( o. STATE MARYLAI	Where deceosed lived, if institution: Residus b. COUNTY  ND WASHIN					
	(If outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN 16		utside corporate limits, write RURAL and					
	HANCOCK	LIFE	HANCOCH	<	71.1				
	TAL OR INSTITUTION (If not in		d. STREET ADDRESS		e. IS RESIDENCE				
RFD #2	, HANCOCK,	MD.	RFD #2		ON A FARM? YES NO				
3. NAME OF DECEASED (Type or print)	LAURA	BEATRICE LI	TTLE	4. DATE Month OF DEATH NOVEMBER	Doy Year 12, 19 66				
S. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH		ER 1 YEAR   IF UNDER 24 HRS.				
FEMALE	WHITE	WIDOWED DIVORCED	0/1/1879	87 lost birthdoy) Months	s Doys Hours Min.				
1Do. USUAL OCCUPATIOn during most of working HOUSEW		10b. KIND OF BUSINESS OR INDUSTRY			COUNTRY?				
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME					
WILLIAM	EDWARD LIT	TLE	SILAR LA	JRA BELLE					
IS. WAS DECEASED EV	'ER IN U.S. ARMED FORCES?		INFORMANT	Address					
(Yes, no, or unknown)	(If yes give wor or dates of se		AULINE LIT	TTLE RFD #2. H	ANCOCK, MD.				
PART I. DE/  #2 0 Conditions, if on rise to immedia stating the und lost.	ote couse (o),	ASHD ac	clusier		10, gan				
PART II. OTHER S	SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO				
OR CONTRIBUTING	AS UNDERLYING   G  CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 18.)					
Hour o	JURY Month, Doy, Yeor m. 19		ICE OF INJURY (Home, for tory, street, office bldg., etc.		(County) (Stote)				
	t <b>ify</b> that (l) (this hospited deceased alive on	ol) attended the deceosed from 19.66, and that	7/23 It death accurred at	1957, to 11/12/66, 1 7/2 M, from couses and on	9, that (I) (we) last the dote stated above				
22o. SIGNATUR	220. SIGNATURE ATTENDING MED. STAFF 22b. DATE SIGNED 66								
22c. PHYSICIAN NAME (Typ		mas TIE Mil	22d. ADDRESS Ha	ncock, M.	d.				
23a. BURIAL, CREMAT		OF 23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)				
REMOVAL (Specific BURIAL	11/16/6	6 ST. PETERS	CEMETERY	HANCOCK, WASH	INGTON, MD.				
24. TUNERAL DIRECT		/ / ADDRESS	2So. REC	D BY REGISTRAR 2Sb. REGISTRAR					
Luliane	IV Grone	Hancock, Mc	DATE	NOV 18 1956 100	Lander Judge				

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fameral, directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar removal, and many event, within 72 haurs after death VR A15 (4) . (20 M 1/66

4 ALC PLANTED HANDS - #40210/40/40/127 37 111 ---THE TARGET PARTY OF THE CONTROL OF T 

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 6282 CERTIFICATE OF DEATH 16283 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH a. COUNTY MARYLAND b. CITY OR TOWN (If autside carparate limits, write\_RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) Weeks Hagerstown Hagerstown e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS No Jona than W shington County Hospital YES NO X Year 3. NAME OF Middle 4. DATE Month DECEASED Nov 12 19 (Type or print)

. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		8.	DATE OF BIRTI	Н		9. AGE (In years	IF UNDER		IF UNDER	-
Fenale	Colored					Mar.			7.5 pirthday) yrs.	Manths	Days	Haurs	٨
Oa. USUAL OCCUPATION uring mast af warking Housewor	(Give kind af work done life, even if retired)	10b. KIND OF INDUSTR	BUSINESS OR Y						fordign county).	(1	ITIZEN OF OUNTRY?		
3. FATHER'S NAME						14. MOTHER'S MAIDEN NAME							
unknown				Mary Gipp (Dec'd)									

17 INFORMANT

Charles St INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gave rise to immediate couse (a), **DUF TO** stating the underlying couse last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)

16. SOCIAL SECURITY NO.

20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

(County) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) Hour a.m. Nat While factory, street, office bldg., etc.) ot wark at wark

19\_66, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased fram NO 19 66, and that death accurred at 3/2 M, fram causes and an the date stated above. saw the deceased alive an

22a. SIGNATURE	ATTENDING MED. STAFF	22b. DATE SIGNED
Edward WX MO.UTS M.D.	PHYS. L'OIRECTOR L'PHYS. L	11-12-66
22c. PHYSICIAN'S NAME (Type) Edward W. Ditto With	22d. ADDRESS 21) W. Wosling You ST	Hagerston

NAME (Type)	dward wi	DIHOWIND RID W. W.	osling tou St	- 46	
23a. BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City ar Town)	(County)	(State)
REMOVAL (Specify)	177/76/66	Hedrooville Careter	Hedreeville	757 77	

Coffnan Funeral Home Inc 2Sa. REC'D 8Y REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

NO

(State)

2 requires that the death certificate be executed within 24 hours after death. completely filled in by the funeral love carbon papers. Pages 1 and 2 vecent within 72 hours after death. hours after event, within 72 and in any and physician c or remova attending ... signed by the after burial-transit perm burial, cremation, o **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or attending physician. be detached for use as the State Dept. of Health prior to TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should should be filed with the

WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, na, ar unknown) (If yes give war or dates af service)

VR A15 (4) 20 M 1/66

MEDICAL

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16284

#### CERTIFICATE OF DEATH

16283

	TOHOX							10	200	
	LACE OF DEATH				2. USUAL RESIDENCE				before odmis:	sion)
0.	.county Washing	ton		MARYLAND	a STATE	d T	ashin	ton		
b.	CITY OR TOWN (If or	itside corporate limits,		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o				neorest town)	
	write RURAL and giv			3 Yrs	Hager	stown		2	1.1	
d.		OR INSTITUTION (If not in	nospitol, g	ive street oddress)	d. STREET ADDRESS				e. IS RES	SIDENCE FARM?
	Avalon	Manor			51 Rand		Ave		YES _	NO 5
D	AME OF ECEASED	First	78 -	Middle DOWN	Lost	4. DATE OF	Mont			/ear
(T S. SI	/F /	COLOR OR RACE 7.1		FADDIN-BOYAL	8. DATE OF BIRTH	DEATH	Nov 9	1966	YEAR TIFUND	ER 24 HR:
). 3			IDOWED	NEVER MARRIED DIVORCED			lost birthdoy)		Doys Hours	
no I	Female USUAL OCCUPATION (G)	11200		ND OF BUSINESS OR	Febr 18 18			12 CITIZ	ZEN OF WHAT	
durin	g most of working life, Housew	even if retired)		oustry Home	Big Pool				NTRY?	
13.	FATHER'S NAME				14. MOTHER'S MAIDEN		LY O. L.			
	Asbury	Pine			Margare	et(No 1	Record	)		
	WAS DECEASED EVER IN	U.S. ARMED FORCES?	ical		INFORMANT		Addre			MIS
(7 es,	NO O	res give wor or dotes of sen	"15	-30-9879 G	eorge A. F	Rankin	50 E.	lrvi	n Ave	
T		(Enter only one couse pe	r line for	(o), (b), ond (c).)	Hage	stown	4-Q.		INTERVAL B	
	PART I. DEATH V	VAS CAUSED BY: IMMEDIATE CAUSE (o) _	C.	crehral t	hrombo	VIZ			ONSET, AND	DEATH
	260 X	DUE TO		, ,			1- 1		-	
	Conditions, if ony, wh rise to immediate co		A	rterioscl	eres13 =	bener	-8/17 vd	1	2.1	27
	stoting the underlyin		4	ià 6, +0 c.	M.11.+	1/1	. 0		5-11	1
		112	IDITING T	O DEATH BUT NOT RELATED TO	THE TEDMINAL DISEASE CO	NDITION GIVEN	IN PART 1(a)	1	19. WAS AU	TOPSY
TION	PAKI II. UTHEK SIGNII	TCANT CONDITIONS CONTR	IBUTING I	O DEATH BUT NOT KELATED TO	THE TERMINAL DISEASE CO	MOTHON GIVEN	IN FAKT I(U)		PERFOR YES T	MED?
	20o. ACCIDENT WAS UN		20b. DE	SCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port I	II of item 1B.)	300	1	
E I	OR CONTRIBUTING (IF EITHER, NOTIFY MED									
S C	20c. TIME OF INJURY Hour o.m.	Month, Doy, Yeor			CE OF INJURY (Home, far		(City or town)	(Coun	ity)	(Stote)
ž	p.m.	19	While of work		iory, sireer, office bidg., etc	.)				
Г	21. I certify	that (1) (this hospita	) atten	ded the deceased fram_		1959 30.			(i) that (I)	
		osed alive on No	V 9	19 <u>6</u> 6, and the	at death occurred a	7:15 M,	from causes			ed abo
	220. SIGNATURE	0.11	M	M	.D. PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DAT	E SIGNED	
1	22c. PHYSICIANS	V	1/		22d. ADDRESS	. 1		1		
	NAME (Type)	Lloyd A	· H	of Iman	2/4/1	· 1-01	omac.	57		
230.	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOI		23c. NAME OF CEMETERY OR			ATION (City or To			(Stote)
	purlal	111/13/6	6	Rose Hill C		Hage	rstown	Wash	Co M	d
	FUNERAL DIRECTOR	Hagerst	OTT	ADDRESS		D BY REGISTRA		Cleany		1.0
A.	ndrew K.	COTIMAN	Hune	eral Home In	C DATE N	OV 16	1996	Many	In Jus	-

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in only event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physicion.

VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR	STATE	1)		16285		MED	ICAL EXAMIN	ER'S	CERTIFICATE O	F DEAT	Н	16	28	1	
EAL	TH DEPT.			LACE OF DEATH					2. USUAL RESIDENCE (V	Vhere deceos			nce before	odmissio	in)
ny delay is 2, and 3 ta	ige tof	- 4	(	. COUNTY Was	shington		MARY	LAND	o. STATE West	Virgi	nia b. COU	Be	rkel	ey	
ela)	. P.c.	70	t	. CITY OR TOWN (	f outside corporate limit give neorest tawn)	s,	c. LENGTH OF STAY II	l lb	c. CITY OR TOWN (If ou	tside corporot	te limits, write RU	RAL ond giv	ve neorest	town)-	100
o d	om3 urtn ter				erstown				Marti	nsbur	g		8	5.3	
-3	<u></u> 0	-0	C		AL OR INSTITUTION (If n	ot in hospital, g	ive street oddress)		d. STREET ADDRESS	-		01/38	е	. IS RESID ON A FA	ENCE
es ]	with farm PM3. Page e State Department af 72 haurs after death	71		Was	hington Co	unty Ho	spital	180-	326 L	awn St	treet		1		NO K
after death. I's 8. Give Pages	Sto 72 h			IAME OF DECEASED	F	irst .	Middle		Lost	4. DATE	Mon		Doy	Yeo	ır
ter de Give	g will the		(	Type or print)	Wil1	iam	Houston		Milburn	OF DEATH	Novembe	r	3	161	6
offe.	it it		S. S		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		8. DATE OF BIRTH		AGE (In years	IF UNDER Months	1 YEAR Dovs	IF UNDER Hours	24 HRS. Min.
rs at	2 w	-51	N	lale	White	WIDOWED	DIVORCED		May 24, 1889		last birthdoy) 77 yrs.	Mollins	Duys	110012	Will.
	's Office alang with farm s 1and2 with the State De ny event within 72 haurs		duri	ng most of working	(Give kind of work done life, even if retired) gineering	1N	ND OF BUSINESS OR DUSTRY  A Center		11. BIRTHPLACE (Stote Cedarville		11	12. (	ITIZEN OF DUNTRY?	WHAT	Α.
.E .E	pages 1		13.	FATHER'S NAME				1.5	14. MOTHER'S MAIDEN N	AME					
executed within anding" in peacil	0 0			Unknown					Unknown						
pa =					R IN U.S. ARMED FORCES? (If yes give wor or dates		SOCIAL SECURITY NO.	17.	INFORMANT		Addre	ess			100
ecut ing.	Medical permit.		(10.	No	No	013011100)		(	Grace O. Nil	burn-	Martins	burg,	W.	Va.	
hauld be executed ward "pending"	ed to the Chief Medical a burial-transit permit. crematian, ar remaval,			18. CAUSE OF DI	ATH (Enter only one co H WAS CAUSED BY:							-		RVAL BETY	
be :	o the Chief I burial-transit matian, ar re	-24		PART I. UEA	IMMEDIATE CAUSE	(o) Bas	21 Skul	LE	racture	E B	rain S	teur	UNS	ET AND D	CAIL
ord/	al-tr	V		7010	DUE	TO		,	- 1 /	, ,,	,		1	. 1	
certificate shaul writing the war	to the buri			Conditions, if ony rise to immediat	(0) 621103 6	(b) In]	ury 22	d	Subdur 2	Itel	ma tom	2	3	47	5
ate g th	d t	24		stating the unde		10									107
certificat writing	arde d as ial, a			last.	,	(c)							Lio	MAC ANTO	Dev
	farwarded used as a burial, cn		NO	PART II. OTHER ST	GNIFICANT CONDITIONS	CONTRIBUTING I	O DEATH BUT NOT KEL	ALED TO	THE TERMINAL DISEASE CON	IDITION GIVE	N IN PART 1(o)			WAS AUTO PERFORME	ED?
his ate,	be to	0	P.	20o. EXTERNAL CA	HEE MAS	100 100	FEBRUAR HOW BURNEY OF	CHIDDED	(Enter noture of injury in	D	H ( ) 10 )		YE	S	NO K
ER: This certificate,	hould b iles. shauld it, priar		MEDICAL CERTIFICATION	PRIMARY Or CO		1-0/	1 fram 12	Lace.	- while we	PORT I OF PORT	of item 18.)	enf	2+	14	
Se Ge	should files. 3 shauld int, pria		3		JRY Month, Doy, Yeor				CE OF INJURY (Home, form		(City or town)		ounty)		Stote)
ACAL EXAMINER: e execute the cert			WED	Hour as	A. 11 2 10	While	Not While of work	foci	tory, street, office bldg., etc.)		tiu sbur	,	, ,	,	Va Vá
EX.	ya Page	50		21 Learning					tome			7		7	
AL	irectar. Pagained far y IRECTOR: Podesignated								eld on Autopsy [],			nith 🗹		in my	opinior
Se e	ned FCT ssign			deoin result	ed from: Notur	or couses [	J, Accident L	2010	ide , Homicide		ndetermined m	anner [			
ME	retai retai LDIR			ACTUAL	2000 ( W).	4194	9-711-		ACCIETANT MED				2	2. DATE	SIGNED
_ ₹	eral be r RAL ar it	32		SIGNATURE C	vvacos uv s	NIIV		sh.	M.D.				11-	3-6	6
TO DEPUTY necessary,	C . W _	2		EXAMINER'S NAME (Type)	dward W. I	itto Ll	Lebens 1	ig. I						0	
D D	5 mc S mc Heal		230.	BURIAL, CREMATIC	N, Z3b. DATE TH		23c. NAME OF CEME	TERY OR	CREMATORY	23d. LO	CATION (City or To	wn)	(County)	(51	tote)
	1,51			REMOVAL (Specify Burial	11-7-	1966	Roseda1e	Cem			tinsburg				
	VR A15ME (5)		24.	FUNERAL DIRECTO	V Brass	n/	ADDRESS		25o. Racio	BY REGISTR	AR196625b. R	MUSELES,	SIGNATUR	udg	4
	6M 1/66		T	Cours Fin	neral Home	Mont	inchuse W	V-	DATE				0	0	

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

PLACE OF DEATH a. COUNTY b. CITY OR TOWN (			E OF DEATH		0285			
b. CITY OR TOWN (I			2. USUAL RESIDENCE (V	Where deceased lived, if institution: Res				
b. CITY OR TOWN (I	on	MARYLAND	d. SIAIE	nd Washing	gton			
	autside corparote limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside carporate limits, write RURAL and				
Write RURAL and	give nearest tawn)	4 Mos	Hager	stown	21-1			
	L OR INSTITUTION (If nat in haspite		d. STREET ADDRESS		e. IS RESIDENCE			
Garlock	Men Home		971 Je	efferson Blvd	ON A FARM?			
. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year			
(Type or print)	ALBERT	RAGAN MII	LER	DEATH NOV 20 18	966 19			
. SEX	6. COLOR OR RACE 7. MARRII	ED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UN last birthday) Mont	DER 1 YEAR   IF UNDER 24 H			
ale	white WIDOWI	ED 🔯 DIVORCED 🗌		881 85 yrs.				
Oa. USUAL OCCUPATION uring most af warking I		. KIND OF BUSINESS OR	11. BIRTHPLACE (County	& State, ar fareign country)	2. CITIZEN OF WHAT			
Farme	te, even il relired)	Retired	Chewsvill	e Wash Co Md	COUNTRYSA			
3. FATHER'S NAME			14. MOTHER'S MAIDEN N	NAME				
John C.	Miller		Barbar	a Ellen Miller	r			
5. WAS DECEASED EVE		16. SOCIAL SECURITY NO. 17.	INFORMANT	Address				
Yes, na, or unknawn)	If yes give wor ar dates of service)	19-20-3636 A.	Romayne Li	ller Dormayne	Drive			
	ATH (Enter only one cause per line				INTERVAL BETWEE ONSET AND DEAT			
PART I. DEATH WAS CAUSED BY:								
332X	33-2A DIJE TO 4							
Conditions, if any, which gave) (b) Artorias cleros & Generalized.								
rise to immediate	couse (a),		OTACFOR					
stoting the under	ying cause (c)							
	NIFICANT CONDITIONS CONTRIBUTION	IC TO DEATH RUT NOT PELATED TO	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY			
5 AL	1 11	/	THE TERMINAL DISEASE CON	DITION OFFER IN TAKE I(U)	PERFORMED?			
20g. ACCIDENT WAS		DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in I	Don't Low Don't House Storm 10.3	YES NO			
OR CONTRIBUTING	☐ CAUSE OF DEATH	. DESCRIBE HOW INJURY OCCURRED	. (Eliter flutture of finjory in	rail i ar rail ii oi nem 10.)				
		T INTHINY OCCUPANTS TOO. OF	ACE OF IMPLIENT /II f	, 20f. (City or town)	(Carrata) (Carr			
20c. TIME OF INJU	RY Month, Day, Year 20c		ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc.)		(County) (State			
p.11	. 19 at v	work U ot work U		100				
	21. I certify that (I) (this haspital) attended the deceased fram 10-1, 1960, ta 11-20, 1960, that (I) (we) I							
saw the de	saw the deceased alive an							
1 220 SICNATINE	les des Thes		A.D. PHYS.	MED. DIRECTOR PHYS.	6. DATE SIGNED / 1 - 2 ( - 6 6			
220 SIGNATURE			22d. ADDRESS					
	Charles F.	Hess	Shiths	ourg 1.d.				
22c. PHYSICIAN'S NAME (Type)	N, 23b. DATE THEREOF	Hess 23c. NAME OF CEMETERY OF		23d. LOCATION (City ar Town)	(County) (State			
22c. PHYSICIAN'S NAME (Type)	N, 23b. DATE THEREOF		R CREMATORY	23d. LOCATION (City ar Town)	(County) (State			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

A DESCRIPTION OF THE PROPERTY OF THE PROPERTY

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> VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
16286

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)				
a. COUNTY Washington MARYLAND	a. STATE Maryland b. COUNTY Washington				
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
write RURAL and give nearest town)					
Hagerstown 4 days	Hagerstown 2/1/				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?				
Washington County Hospital	630 W. Washington St. YES NO X				
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF				
(Type or print) Lean Hoffman Bell	Moore DEATH NOV. 18 19 66				
7. MARKIED NEVER MARKIED	B. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Iast birthday)   Mogths   Days   Hours   Min.				
	lug. 16 1895   71 yrs.   3   1				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
Housewife Home	Maryland U.S.A				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
William Henry Bell	Sarah Ann Hoffman				
15. WAS DECEASED EVER IN U.S. ARMED FÖRCES?   16. SOCIAL SECURITY NO.   17.					
(Yes, no, or unkown) (If yes give war or dates of service)	r. Harvey M. Bell Williamsport Md				
	A. HAIVEY M. BELL WILLIAMSOOFT MO				
18. CAUSE OF DEATH [Enter only one cause per time for (a) (b), and (c).	ONSET AND DEATH				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	mission of my				
584X DUE TO 0	Pleade (alco)				
Conditions, If any, which (b)	gooding continue				
gave rise to immediate					
cause (a), stating the DUE TO underlying cause last.					
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEASE  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCUPANT (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?				
E Welling M.					
20a. ACCIDENT WAS UNDERLYING ☐   20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING ☐ CAUSE OF DEATH OF LETTHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of Injury in Part I or Part II of Item 18.)				
3 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)				
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. While not While p.m. 19 at work at work	אין, או מבני, טוווים אומצי, מני.)				
21. I certify that (I) (this hospital) attended the deceased from	1 15 to 1 1 1 1 that (I) (we) last				
saw the deceased alive on 19 and that	t death occurred at M, from the causes and on the date stated above.				
saw the deceased alive on v 19 19 19 19 19 22a. SIGNATURE	1 22b. DATE SIGNED				
228. SIGNATURE ATTENDING MED. STAFF DIRECTOR PHYS.					
22c. PHYSICIAN'S	22d. ADDRESS				
NAME (TYPE) JH ROACH JOY	Hearing 19				
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETER	OR CREMATORY 23d. LOCATION (City, town or county) (State)				
Burial Nov. 21-66 Riverview	Cemetery Williamsport Maryland				
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				
Albert L. Leaf Williamsport Md.	DATE NOVICE Ange morely Judge				
TITLE TO TO THE METATICALISTON TO MG.	DATE NU. LOD				

at the particular in the first the second relative and Design Control of the first the same and the transfer of the first year. The factor The same of the sa

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. arending physician and completely filled in by the funeral fight. Then please remove carbon papers. Pages 1 and 2 no removal, and in any event, within 72 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the at director, page 3 should be detached for use as the burial-transit pent should be filed with the State Dept. of Health prior to burial, cremation,

	MARYLAND STATE DE	EPARTMENT OF HEALTH US. 301 W. PRESTON STREET, BALTIMORE 1, MA	ARYLAND
	16288 CERTIFICAT		6287
	PLACE OF DEATH a. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Res a. STATE b. COUNTY (Dask)	maton
	b. CITY OR TOWN (if outside corporate limits, write RURAL and givelnearest town)	010	and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
-	Washington Go, Hospital	Williamsfort	YES NO D
3.	NAME OF DECEASED (Type or print)  Tillie Shage	Last 4. DATE Month OF DEATH	Day Year 1966
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1	
10a. durl	. USUAL OCCUPATION (Give kind of work done Industry		TIZEN OF WHAT UNTRY?
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME  Sobline Cools	0,525,
	. WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give war or dates of service)  NO1	Pauline Myers 35 & Sal	Iliansport md
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:  MMEDIATE CAUSE (a)  Preumonitis		l week_
	Conditions, If any, which gave rise to Immediate (b) Generalized arter:	iescleresis	
	cause (a) stating the DUE TO	lesion of chest wall	l year
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
ICAL		ACE OF INJURY (Home, farm, 20f. (City or town) (Country street office bldg., etc.)	nty) (State)

a.m. While at work Not While at work 19 p.m. 10, 30/66 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from A. M. from the causes and on the date stated above. and that death occurred saw the deceased alive 22b. DATE SIGNED SIGNATURE 22a. MED. DIRECTOR 11/18/66 ATTENDING PHYS. STAFF PHYS. X M.D. PHYSICIAN(S NAME (Type) ADDRESS 22d. 22c. Washington St., Hagerstown, Md. M. D. Ditto, Jr., BURIAL, CREMATION, REMOVAL (Specify) BULLAL FUNERAL DIRECTOR DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town (State) 23b. 23c. 23d. 23a. Greenlawn 25a. REC'D BY REGISTRAR 25b. NEGISTRAR'S SIGNATURE

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16289

MARYLAND STATE DEPARTMENT OF HEALTH RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND STATISTICAL RESEARCH AND CERTIFICATE OF DEATH

		OERTH TOAT	E OI D				TOM	10	
1.	PLACE OF DEATH a. COUNTY WASHINGTON	MARYLAND			(Where decease YLAND	d lived, If instit b. COUNT	tution: Resider Y WASH		
	b. CITY OR TOWN (If outside corporate limits, write cultant and civernarest town)	30 YRS.		TOWN (IF OF AGERS		te limits, write	e RURAL and	give neare:	st town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospita 202 E. FRANKLIN ST.	i, give street address)			RANKLI	N ST.		e. IS RES ON A I	FARMS NO
	NAME OF OECEASEO (Type or print)  STANLEY	Middle	NEA L		4. DATE OF DEATH	NOVEM	BER D	3 Ye	<sup>ar</sup> 66
	MALE   6. COLOR OR RACE   7. MARRIED   7. MA	DIVORCED	•	1/189	9 las	E (In years If Myrs.	Months   Days	Hours	Min.
l Oa Iuri	USUAL OCCUPATION (Give kind of work done 10b. KIND OI ing most of working life, even if retired NAS ON INDUSTRIES ON INDUSTRIES ON INDUSTRIES ON INDUSTRIES OF INDUSTRIES ON INDUSTRIES	F BUSINESS OR PONSTRUCT	11. BIRTH		nty & State, or f	oreign country)	12. CITIZE	N OF WHAT	i
13.	FATHER'S NAME ADAM NEAL			ENR IE		NDLE			
15. (Ye:	e no or unknum) [/If use nive way or dates of savvice)]	-09-1726A		BLANC	HE M.		GERST M	OWN D.	
	18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	r (a), (b), and (c).]	ince	н О-чи				TERVAL BE	DEATH
	Conditions, If any, which	ar Herhron			و چ در	( YEME		Mun	
	gave rise to immediate cause (a), stating the underlying cause last.								
CALION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		ATED TO THE T	ERMINAL DIS	SEASE CONDITI	ON GIVEN IN PA		PERFOR	
CEKIIFI		IBE HOW INJURY OCCU	JRRED. (Enter	nature of li	njury in Part I	or Part II of		20 []	
EDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY Hour a.m. While at work		CE OF INJURY bry, street, offi	(Home, farn ce bldg., etc.	n, 20f. (Cit)	or town)	(County)	(5	State)
2	21. I certify that (I) (this hospital) attended the	e deceased from \	is Auc	ust, 19	exe to 3	Nov	, 19 نونو,		
	saw the deceased alive on 17	19 ice, and tha	t death occu	irred at 1	M, from i		nd on the da		above.
	DO H a Q	M.I	ATTENDIN	NG ME	D. RECTOR	STAFF	4 Nov.		0
	22c. PHYSICIAN'S NAME (Type) W. N. FENDER		22d. Al	DR ESS	e <sup>m</sup>	T. Has	ens rows	, mo	
	REMOVAL (Specify) 11/7/66	NAME OF CEMETER'S LEITERS BUF		H. CH	URCH		ERSBUR	G M	tate)
24.	FUNERAL DIRECTOR	ADDRESS	11/		BY REGISTRA	R 25b. REG	SISTRAR'S SIG		110

DATE

TO FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 2 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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11/7/66 PLEEFELBBERG BUTH, CHURCH LEEFELBERUNG TE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

 $\begin{array}{c} \text{division of statistical} \\ 16290 \end{array}$ 

MARYLAND STATE DEPARTMENT OF HEALTH	
RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	
CERTIFICATE OF DEATH	16289

1. PLACE DF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. COUNTY	a. STATE b. COUNTY
WASHINGTON MARYLAND	MARYLAND Tregerich
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
HAGENSTOWN 6 DAYS	trederick 10-2
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS   e. IS RESIDENCE
	ON A FARM?
Weslern MaryLAND Slale HOSP	17 NESI 6 STEEL YES NOW
3. NAME OF First Of Middle	Jast / 4. DATE Month Day Year
(Type or print) Marchall AGUSIUS	alm   OF DEATH    - 9 - 1966
	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
III	3-19-61 Jast Dirthday) Months Days Hours Min.
WIDOWED DIVORCED	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
10a USUAL OCCUPATION (Give kind of work done during most of working life eyen if retired)  10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
JANNOT	trederick Maryland U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
7 101-	CLATA JOHNSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address
(Yes, no, or unkown) (If yes give war or dates of service)	DO BULTIFIED L'ULL
NO 1 - 1215-20-1608 1	The M. TALM 1-West 6 & Treverich Ind
18. CAUSE OF DEATH [Enter only one cause per lipe for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	heart tallure
1 MMEDIATE CAUSE (a)	10/10
DUE TO	
Conditions, If any, which gave rise to Immediate (b)	
cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY
THE STATE OF THE S	PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIGIOUS CONTRIBUTING TO DEATH BUT NOT RELIGIOUS CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of Injury In Part I or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH	PRIZE. (Eliter nature of injury in Part I of Part II of Item 10.)
O   -   facts	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While	ory, street, office bldg., etc.)
p.m. 19 at work at work	11 2 11 11 9 11 11 11
21. I certify that (I) (this hospital) attended the deceased from	1966 to 1966 that (I) (we) last
saw the deceased alive on	t death occurred at M. from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
Clean J. Kaley M.	O, PHYS. DIRECTOR PHYS. VI 1-9-66
22c. PHYSICIAN'S - 1	22d., ADDRESS
NAME (Type) ECWIN (5. K/lev	Haseystown Md.
23a. BURIAL CREMATION   23b. DATE THEREOF   23c. NAME OF CEMETER	Y OR CREMATORY   23d. LOCATION (City, town or county) (State)
REMOVAL (Specify)	[ ] \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
BURIAL 1/1-17-1966 +AITVIEW	trederick ma
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1. 9 HARGITT Frodonick	DATE 14 1966 yellarles Judge
	1016

VR AI5 (4) 20M 1/65

certificate be executed within 24 hours after death. physician and completely filled in by the funeral death and TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after The law requires that the death, Page 4 may be retained by the hospital or attending physician. PHYSICIAN: OR ATTENDING

	DIVISION OF STATISTICAL RESEARCH AND RECOR	DEPARTMENT OF HEALTH RDS, 301 W. PRESTON STREET, BALTIMORE 1, MA ATE OF DEATH 16290	RYLAND
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Resi	dence before admission)
	WASHINGTON	a. STATE MARYLAND b. COUNTY WASI	HINGTON
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	d give nearest town)
	HAGERSTOWN 3 MOS. 15 D	DAYS HAGERSTOWN	21.1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addre	ess) d. STREET ADORESS	e. IS RESIDENCE ON A FARM?
	WASHINGTON COUNTY HOSPITAL	520 MAY STREET	YES NO A
3.	NAME OF First Middle	Last 4. DATE Month	Day Year
	OECEASEO (Type or print) KATIE OLGA	PROROCK OF OF NOVEMBER 10	0 19 66
5.	SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIED	8. OATE OF BIRTH   9. AGE (In years   IFUNOER 1 Y   last birthday)   Months   Da	
	FEMALE WHITE WIDOWEO DIVORCEO		ays Hours Min.
10a dur	a. USUAL OCCUPATION (Give kind of workdone ring most of working life, even if retired)  INSPECTOR  10b. KINO OF BUSINESS OR INDUSTRY RADIO TUBE MFG.	11. BIRTHPLACE (County & State, or foreign country)   12. CITI	ZEN OF WHAT NTRY? .S.A.
13.	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	METRO DUCHNICK	KATHRYN MAXIM	
		17. INFORMANT HAGERS AGAIN, MAR	YLAND
(16	NO 193-12-4424	MR. PAUL PROROCK 520 MAY STREET	
I	18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cachexia		1 mO
	Conditions, If any, which gave rise to immediate DUE TO  (b)  Generalize	ed Metastic involvment	1 yr
	cause (a), stating the underlying cause last.  DUE TO Carcinoma	of the cervix	4 yrs
ERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMEO? YES NO
CERTIF	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURREO. (Enter nature of injury in Part I or Part II of item 18.)	

(IF EITHER, NOTIFY MEDICAL EXAMINER)

None

66

20d. INJURY While at work Not While at work

21. I certify that (I) (this truspital) attended the deceased from March

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

and that death occurred at

20f. (City or town)

(County) (State)

66, that (I) three clast

(State)

saw the deceased alive on 22a. SIGNATURE PHYSICIAN'S NAME (Type) 22c.

none

p.m.

24. FUNERAL DIRECTOR

CHARLES M. ROUZER

ATTENDING PHYS. M.D. AODRESS 22d.

302

MED. DIRECTOR STAFF PHYS.

62, to Nov 10

OATE SIGNEO 1966

MARYLAND

REGISTRAR'S SIGNATURE

19.

A M, from the causes and on the date stated above.

TRITCH JR. M.D. BURIAL, CREMATION, REMOVAL (Specify) 23a. 23b. DATE THEREOF

11/12/1966

NAME OF CEMETERY OR CREMATORY

POTOMAC ST. HAGERSTOWN. MD. 23d. LOCATION (City, town or county)

HAGERSTOWN

ROSE HILL CEMETERY

REC'O BY REGISTRAR 25a.

HAGERSTOWN, MARYLAND

RAR | 25b. 1966 5

VR AI5 20M

TO HOSPITAL

5 (4) 1/65

MEDICAL

3141, 2 30, 23, 6

THE RESERVE OF THE AREA ARRANGED AND THE PROPERTY OF THE PROPE

THE PROPERTY OF THE PROPERTY SEE NO. DESCRIPTION

al regions Torontoval officator beal about

H. H. TINGE ST. R.D. 10x H. PORTMANNERS HADENSHIP, MO.

THE PROPERTY OF THE PROPERTY O

SHIP OF STATES IN HOUSE SANGERSTONN, MARYELYN STATES IN STATES

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

16291 16200

10636		r o la o 'll
1. PLACE OF DEATH  •. COUNTY	2. USUAL RESIDENCE (Where decessed livad, If institution:	Residanca bafore edmission
Washington MARYLAND	•. STATE Maryland 6. COUNTY	Caroline /
b. CITY OR TOWN (if outside corporata limits, write RURAL end give naerest town)	c. CITY OR TOWN (If outside corporeta limits, write RURAL en	
Rt.#2, Boonsboro, Md. 3 yrs.	Denton	0=-2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
Fahrney-Keedy Memorial Home	107 S. Sixth St.	YES NO
3. NAME OF First Middle	Last 4. DATE Month	Day Year
(Typa or print) Norman Lee	Rairigh OF November	5, 1966
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1	
Male W WIDOWED □ DIVORCED □	May 30, 1880   last birthday)   Months   5	Days Hours Min.
10e. USUAL OCCUPATION (Giva kind of work done during most of working life, avan if ratired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CIT	IZEN OF WHAT COUNTRY
	Punches Tine Po	U.S.
Salesman Haberdashery	Purches Line, Pa.  14. MOTHER'S MAIDEN NAME	U.D.
George Speicher Rairigh	Malinda Ellen Gregg	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address	
(Yes, no, or unkown) (Ifyasgivawarordatesofservica)	Route #	
Unknown 212-03-3509 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Mary B. Rairigh Boonsbo	INTERVAL BETWEEN
	ch. D. K. In	ONSET AND DEATH
IMMEDIATE CAUSE (a) Taute lugal	oejtic leukania	Sweeks
2043 DUE TO		
Conditions, if any, which (b)		
gave risa to immadiata cause		
(e), stating the underlying		
(6)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN RAB	T 1(=) I 10 WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT KEETED TO THE TENNINGE DISEASE CONDITION OF THE REPAR	PERFORMED?
		YES NO
OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING CAUSE OF DEATH  OF CHITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I or Part II of Itam 18.)	
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PL	ACE OF INJURY (Home, farm, ' 20f. (City or town) (Cou	inty) (Stete)
Hour a.m. Whila Not Whila	ctory, straet, offica bldg., etc.)	,
p.m. 19 at work at work		
21. I certify that (I) (this hospital) attended the deceased from	4-2+-, 1965 10 11-6-, 19	55, that (I) (we) las
saw the deceased alive on 11-6- 19.65, and that	t death occurred at A.M., from the causes and on t	
220. SIGNATURE	ATTENDING MED STAFF	22b. DATE
Toll Hew wari	M.D. PHYS. DIRECTOR PHYS.	11/7/66
22c. PHYSICIAN'S	22d. ADDRESS	
NAME (Type) Joseph Secondari	Boonsboro, Maryland	i
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY		
PENOVAL (Specify)	DEVITA	( ALI)
18 18 18 18 18 18 18 18 18 18 18 18 18 1		
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
- NOON 18 18 1	) DATE NOV 1 1 1966 PCL	carles Judge

VR A1S (4) 20M 5-63 PLACE OF DEATH

Washington

o. COUNTY

### MARYLAND STATE DEPARTMENT OF HEALTH

MARYLANO

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

o. STATE

2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)

Md.

b. COUNTY

Wash.

FOR STATE HEALTH DEPT. PM3. Poge

nt of eoth. necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, the funeral director. Page 4 should be forwarded to the Chief Medical Examiners Office along with form 5 may be retained for your files.

AL EXAMINER: This certificate should be executed within 24 hours after death. If

5 moy be retoined for your files.

necessory, please execute the certificate, writing the word

write RURAL o	nd give negrest town) Smithsburg	C. LENGTH OF STAT IN 10	rural	Smith sburg	AL one give neorest town)		
	ITAL OR INSTITUTION (If not in hosp	itol, give street oddress)	d. STREET ADDRESS  RFD 3		ON A FARM YES NO		
3. NAME OF DECEASED (Type or print)	First <b>Robin</b>	Middle <b>Anit</b> a	lost Reed		mber 20, 1966		
female	6. COLOR OR RACE 7. MARI	-		9. AGE (In yeors lost birthdoy) yrs.	Months Days Hours		
10o. USUAL OCCUPATIO during most of workin		Db. KIND OF BUSINESS OR INOUSTRY	11. BIRTHPLACE (Stot	e or foreign country)  , Florida	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME	Don Hall,	Jr.	14. MOTHER'S MAIDEN	14. MOTHER'S MÄIDEN NAME  Barbara Reed			
IS. WAS DECEASED EV (Yes, no, or unknown)	VER IN U.S. ARMED FORCES? ) ((If yes give wor or dotes of service)	16. SOCIAL SECURITY NO. 1	7. INFORMANT Barbara Re	Addresed, Smithsb			
18. CAUSE OF I	DEATH (Enter only one couse per lin ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	e for (o), (b), ond (c).)  Interstitial P	neumoni <b>ž</b> is		INTERVAL BETWEE ONSET AND DEA		
Conditions, if on rise to immedia stoting the und lost.	y, which gove (b)	Malnutrition,	Severe		Several month		
PART II. OTHER S	SIGNIFICANT CONOITIONS CONTRIBUT	TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(0)	19. WAS AUTOP: PERFORMED YES  NO			
200. EXTERNAL C PRIMARY ☐ or C CAUSE OF DEATH.	ONTRIBUTING	b. OESCRIBE HOW INJURY OCCURR	EO. (Enter noture of injury in	Port I or Port II of item 18.)			
20c. TIME OF IN Hour o	o.m.		PLACE OF INJURY (Home, for foctory, street, office bldg., etc.)		(County) (Sto		
ACTUAL SIGNATURE EXAMINER'S	ify that I took charge of the lated from: Naturol couse	s 🗷 , Accident 🗌 , S	Suicide , Homicid CHIEF MEDICA M.D. ASSISTANT ME DEPUTY MEDI	e , Undetermined m L EXAMINER DICAL EXAMINER CAL EXAMINER CAL EXAMINER	22. DATE SIG		
230. BURIAL, CREMAT REMOVAL (Special Control	al 12-2-66	23c. NAME OF CEMETERY	OR CREMATORY  Cemetery	23d. LOCATION (City or To Hagerstov	wn) (County) (Stot		
	ch Funeral Ho		wn, Md. DATE		harles Juage		

VR ATS

north Alle . 1111 - 1 DR er a market THE RESERVE . His production and best product spyn delete to the

Profit Delitical and engaging process of world in State

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16294

# CERTIFICATE OF DEATH

16293

F 2 F				1000
and in the season of the seaso	T.	PLACE OF DEATH		(Where deceased lived, if institution: Residence before admission)
r do la		Washington	MARYLAND 0. STATE Maryla	and Washington
offee affee		b. CITY OR TOWN (If outside corporate limits,   c. LENGTH OF ST		autside corparate limits, write RURAL and give nearest tawn)
haurs after death.  by the funeral  s. Pages 1 and 2 haurs after death.		Rural Boonsboro 42	· ·	Boonsboro 21./
in in 2 ho	4	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
n 24 nin 7 nin 7	0	Rfd. 2	Rfd. 2	YES NO
withi	3.	DECEASED	Lost Reese	4. DATE Month Day Year OF DEATH November 9, 19 66
pel collection	5	V-11-		9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
d cam		Female White WIDOWED X DIVO	RCED March 22,1	lost birthday) Manths Days Hours Min
an and ase rel	10 du	o. USUAL OCCUPATION (Give kind of work done pring most of working life, even if retired)  HOUSEWITE  Own Home	The second secon	try & Stote, or fareign country)  12. CITIZEN OF WHAT COUNTRY?  U S A
icat sici ple I, a			14. MOTHER'S MAIDE	
phy phy ova		Denton Shoop	Montho	Clark
ing Them	15	WAS DESTACED THE BUILD ADMED FORCES	O. 17. INFORMANT	Address
leat mit.	()	Ves no, ar unknawn) (If yes give war or dates af service)  None	John D. Rees	e, Boonsboro Rfd. 1, Md.
att att	-	10 CAUSE OF DEATH (Enter only one course per line for (a) (b) and (c))		INTERVAL RETWEEN
the the rsit mat	1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	al Wherete	ONSET AND DEATH
trantrantrantrantrantrantrantrantrantran		420 1 DUE TO		1/ 0
ysic ysic ned rial- ial,		Conditions, if any, which gave ) (b) / Certur	o selevoter	Kear J.
p 9 .2 d	3	rise to immediate cause (a),		1
ding ding een the		last. (c) Mpile	sorne Cardid-	Kears D. Varcular Descare
e lo ten ten ta as as pric	1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT		
				YES NO
AN al o ficat far Hec	3	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJUR	Y OCCURRED. (Enter noture of injury	in Part I ar Part II of item 18.)
Dig It P is				
HY hach tach bept	N S	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED	20e. PLACE OF INJURY (Hame, fo	
Te	ME	Hour a.m.  p.m.  19 While at work at work	factory, street, affice bldg., e	tc.)
DIN by Afte be Sto	2 3	21. I certify that (I) (this haspital) attended the decease	sed from au 18	, 1965, to hov. 9, 1966 that (1) (we) last
R: REN		saw the deceased olive an Och 3/ 1966	o, and that death occurred	at 830 AM, from causes and an the date stated obove.
A Short		220. SIGNAPORE	ATTENDING (7)	MED. STAFF 22b. DATE SIGNED
TO HOSPITAL OR ATTENDING PHYSICIAN:  Page 4 may be retained by the haspital or attending physician.  To FUNERAL DIRECTOR: After this certificate be executed within 24 may be retained by the haspital or attending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in should be detached for use as the burial-transit permit. Then please remove carbon papers is should be filed with the State Dept. af Health priar to burial, cremation, or removal, and in any event, within 72.  WEDICAL INTERIOR INTERIO	Sidny houlster	M.D. PHYS.	DIRECTOR D STAFF 11-10-64	
may RAL (	/	22c. PHYSICIAN'S NAME (Type) 5, DWEY NOVENS	TEIN 22d. ADDRESS FUN	CM MURZY
UNI UNI ecto	23		CEMETERY OR CREMATORY	23d. LOCATION (City or Tawn) (Caunty) (State)
Pag o Pag		REMOYAL (Specify) 11- 11- 66   Beave	r Creek Cemetery	Beaver Creek, Md.
	2 2	24. FUNERAL DIRECTOR ADDRESS		C'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE
20 M 1/66	T.	ohn H. Rast . In. 112 N. Main St F	Conshare Md PATEV	14 1966 Huarles Judge

Entering a section of the section of 16291 SOUTH RANGE and the president and the discount of the state of the st of programmed Meritin total Centers actually leave it Ni perturbat lander Warris Warry The state of the s Muchay Workshop 11-10-02 MINISTER PROVENCENT FORMSFORM The same was the contract of the same of t

death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 16295 16294

1. PLACE OF DEATH  * COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institutions a. STATE Maryland b. COUNTY Was	
b. CITY OR TOWN (if outside corporete limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL en	d give neerest town)
Pleasantville (Rural) 85 years	Pleasantville (Rural)	2.1.1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE
Residence; Hoffmaster Road	RFD#1, Harpers Ferry, W. Va	1 120 41 110
3. NAME OF First Middle DECEASED	Last 4. DATE Month OF 37	Dey Yeer
Omitte:	REID DEATHNOVEMBER	7, <sub>19</sub> 66
The Mountain I was a second of the Mountain I	DATE OF BIRTH  9. AGE (In years lift UNDER Months)  Months	YEAR IF UNDER 24 HRS.
WIDOWED DIVORCED XIAM	g. 22, 1881   03 yrs.	Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retirad)	Y 11. BIRTHPLACE (County & State, or foreign country)   12. CIT	IZEN OF WHAT COUNTRY?
Sales Clerk (Ret.) Dep't. Store	Pleasantville, Md.	USA
13) FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Daniel Milton Reid	Susan Sabinia Mitchell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. El (Yes, no, or unkown) (Ifyesgivewerordatesofsarvice)	NFORMANT Harry L. Reidddress	•
	FD#1, Harpers Ferry, W.Va	25425
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coranary Thromb	osis	30 mins.
47A1 DUE TO		
Conditions, if eny, which \ (b) Congestive Hear	rt Failure	4 years
geve rise to immediate cause		1 0 001 0
(a), stering the underlying	g	20 years
OF CONTRACTOR OF		PERFORMED?
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURREI	D. (Enter neture of injury in Pert I or Pert II of item 18.)	YES NO ALA
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in refi   of refi    of lieff 10.)	
		unty) (State)
Hour e.m.  yhile Not While tactor work et work et work	ory, street, office bldg., etc.)	
21. I certify that (I) (this hospital) attended the deceased from	Dec. 17 , 1958 to Nov. 7 , 19	56, that (1) (we) last
saw the deceased alive on NOV . 7 1966 , and that	death occurred a4:30PMom the causes and on t	he date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF PHYS. T DIRECTOR PHYS.	22b. DATE SIGNED 11-8-00
22c. PHYSICIAN'S	22d. ADDRESS	
NAME (Type) C. T. Byron Kao, M.D.	Gum Spring Hollow, Bruns	wiek Md
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY C		
REMOVAL (Specify)		
Burial 11/10/66 Samples Mano	or Cemetery Samples Manor	SIGNATURE
24 FUNERAL DIRECTOR'S SIGNATURE Harpers Ferry, W.	Va. POD REC'D BY REGISTRAR 255 REGISTRAR'S DATE	Judge

VR A15 (4) 20M 5-63

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(fared) affivensanel armov 68 (for	Pleasantville (for
ster Rond Herral, Harpers Forty, W. Va.	Residence; Hotfan
A SELL REID CARRONNER V. OD	Hemele Unite
Dep't Store Pleagantville, Nd USA	Sales Tient (net.)
Susen Salinin Bitchell Parry L. 2cid 255-78-0551 Relet, Harrers Perry, M. Va. 25425	No Your None
and the second s	

11/10/00 Samples Masor Genetery Samples Masor, Pd.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1629	6	CERTIFICAT	E OF DEATH		16295
D. PLACE OF DEATH O. COUNTY Washi	ngton	MARYLAND	2. USUAL RESIDENCE ( o. STATE Marylar	Where deceased lived, if institution b. COL	tion: Residence before odmission)  NTY  Washington
b. CITY OR TOWN	(If autside corporate limits, and give nearest town)	C. LENGTH OF STAY IN 16		urside carporare ilmirs, write ku	IRAL and give nearest town)
d. NAME OF HOSP	TAL OR INSTITUTION (If not in	hospital, give street address)	d. STREET ADDRESS	ypi ing,	e. IS RESIDENCE ON A FARM?
3. NAME OF	e to Wash. First	Middle	Route 2	4. DATE Mar	YES F NO Day Year
(Type or print)	Roger	Allen	Repp	DEATH NOV.	11, 19 66
. SEX Male	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthdoy) 60 yrs.	Months Doys Hours Min.
during mast of working Retir	N (Give kind of work done glife, even if retired)  ed Electric	10b. KIND OF BUSINESS OR INDUSTRY  ian Marquette	11. BIRTHPLACE (County Cleaner)	y & State, ar fareign country) ar Spring, N	12. CITIZEN OF WHAT COUNTRY?
John A	llen Repp		14. MOTHER'S MAIDEN  Lilly 1	Mae Snyder	
IS. WAS DECEASED EV	ER IN U.S. ARMED FORCES? (If yes give war or dates af se		Mrs Marv	E. Repp Ro	Md. 1.2,Clear Sprin
Conditions, if on rise to immedia stating the und last.	erlying couse (c), DUE TO (c)	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	VIEWS SC / EXC	19. WAS AUTOPSY
20o. ACCIDENT W	AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED			PERFORMED? YES NO
	JURY Manth, Doy, Year		ACE OF INJURY (Hame, far actory street, office bldg., etc		(County) (State)
	deceased alive on	of ottended the deceased from 1966 and the	Oct 25, at death occurred a	19 62, ta VOC / t & 35 M, from causes	and on the date stated above
22c. PHYSICIAN	Keldy	ast !	M.D. ATTENDING PHYS. 22d. ADDRESS.	MED. STAFF DIRECTOR PHYS.	11-11-6
NAME (Typ	e) ME,	54K, t	D CREMATORY	23d. LOCATION (Gity or T	awn) (County) (State)
23o. BURIAL, CREMAT REMOVAL (Speci	Y) 230. DATE THEREC				
24. FUNERAL DIRECT	OR 2	ADDRESS VA.		D BY REGISTRAR 256. I	REGISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detoched for use as the buriol-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remove and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death Poge 4 moy be retained by the hospital or attending physician.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16297 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY o. COUNTY Washington MARYLAND WASHINGTON by the Pages b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) papers. Pag hin 72 haurs ( 39 min Hagerstown WILLIAMS PORT campletely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS Washington County Hospital within 2714 BUFORD DRIVE 4 DATE carban 3. NAME OF Middle First DECEASED OF Debbie Ann Reynolds NOV (Type or print) DEATH AGE (In years S. SEX 6. COLOR OR RACE 8. OATE OF BIRTH 7. MARRIED **NEVER MARRIED** remove lost birthdoy) any W 11--12-66 WIDOWED DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) and in physician a during most of working life, even if retired) INDUSTRY 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME en Lawrence Edward Reynolds Diane Lucille Poluci affending IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service crematian, ar Medical Record CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) signed by the burial-transit I burial, cremati 力 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse After this certificate has been be detached far use as the State Dept. of Health prior ta lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 205. OESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dov. Yeor 20d. INJURY OCCURRED (City or town) Hour o.m. foctory, street, office bldg., etc.) at work at work DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased from, to 11--12-66. TO FUNERAL DIRECTOR: After director, page 3 shauld be should be filed with the St and that death accurred a : 45P M, from causes and on the date stoted obove. saw the deceased glive an 22o. SIGNATURE STAFF

22c. PHYSICIAN'S NAME (Type)

23o. BURIAL CREMATION.

REMOVAL (Specify)

23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY

Northern Ave., Hagerstown. 23d. LOCATION (City or Town)

(County) (Stote)

e. IS RESIDENCE ON A FARM?

Year

1966

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

19. WAS AUTOPS'
PERFORMEO?

NO

(Stote)

Doy

Doys

12. CITIZEN OF WHAT

COUNTRY?

IF UNDER 1 YEAR

Months

NOX

Min.

**EUNERAL DIRECTOR** 

be executed within 24 haurs after death.

death certificate

requires that

attending physician.

by the haspital or

be retained

Page 4 may

VR A15 (4)

20 M 1/66

28166 WASHINGTON COUNTY HOSPITAL

TURCO, M. D.

ADDRESS

DATE DEC

**ATTENDING** 

22d. ADDRESS

2So. REC'D BY REGISTRAR

DIRECTOR

HAGERSTOWN 2Sb. REGISTRAR'S SIGNATURE

(County)

22b. DATE SIGNED

and the land of the second of the

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

16297

a. COUNTY Washington  MARYLAND  b. CITY OR TOWN (If outside corporate limits, write RURAL and give mite RURAL and give necess town) Hagerstown  d. NAME or boystilla CRINITION (If not in hospitol, give street oddress)  Garlock Convalencent Home  3. NAME OF DECEASE  (Type of print)  S. SEX  Allos  Andrew  Nov.  S. SEX  Male  White  Whower  Marion  Andrew  Rotz  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  DIVORCED  Franklin Co., Penna.  100. USUAL OCCUPATION (Give kind of work done in boystilla)  Franklin Co., Penna.  11. SEMEPHAGE (county & Stote, or foreign country)  Franklin Co., Penna.  12. SAME STANME  John Rotz  13. SAMES DEVER NULS ARMED FORCES?  (Eye, no, or unknown) (If yes give wor or doles of service)  16. SOCIAL SECURITY NO.  17. INFORMANT  Address  Sarah Palsprove  18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (a))  PART I. DEATH WAS CAUSE BY:  (Country & Sinnie, Cause of Death (First)  DUE TO  Conditions, if only, which gove its to immediate couse (a).  The same diad course (a).  DUE TO  Conditions, if only, which gove its to immediate Cause (b).  DUE TO  Conditions, if only, which gove its to immediate Cause (b).  DUE TO  Conditions, if only, which gove its to immediate Cause (b).  DUE TO  Conditions, if only, which gove its to immediate Cause (b).  DUE TO  Conditions, if only, which gove its to immediate Cause (b).  DUE TO  Conditions, if only, which gove its to immediate Cause (b).  DUE TO  Conditions, if only, which gove its to immediate Cause (b).  DUE TO  Conditions, if only, which gove its to immediate Cause (b).  DUE TO  Conditions, if only, which gove its to immediate Cause (b).  DUE TO  Conditions, if only, which gove its to immediate Cause (c).  DUE TO  Conditions, if only, which gove its to immediate Cause (c).  DUE TO  Conditions, if only, which gove its to immediate Cause (c).  DUE TO  Conditions, if only, which gove its to immediate Cause (c).  DUE TO  Conditions, if only, which gove its to immediate Cause (c).  DUE TO  Conditi								
1.	a COUNTY	MARYLAND	- CTATE	L COUNTY	Residence before admission) Franklin			
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	,		nd give nearest tawn)			
	d. NAME OF HOSPITAL OR INSTITUTION (If not in	hospitol, give street oddress)		AL 35 014	e. IS RESIDENCE ON A FARM?			
	Garlock Convalement	ashington  MARYLAND  IN (if outside corporate limits, one digite nearest form) agerstown  Septial Or RISTITUTION (if not in hospitol, give street oddress)  k Convalencent  First  Andrew  Andrew  Andrew  Andrew  Andrew  INDUSTRY  INDUSTRY  INDUSTRY  INDUSTRY  Franklin Co., Penna.  I. BIRTHPLACE (County & State, or foreign country)  Franklin Co., Penna.  II. BIRTHPLACE (County & State, or foreign country)  II. BIRTHPLACE (County & State, or foreign country)  Franklin Co., Penna.  II. BIRTHPLACE (County & State, or foreign country)  Franklin Co., Penna.  II. MOTHERS MAIDEN NAME  Sept. II. BIRTHPLACE (County & State, or foreign country)  Franklin Co., Penna.  II. MOTHERS MAIDEN NAME  Sept. II. BIRTHPLACE (County & State, or foreign country)  Franklin Co., Penna.  II. MOTHERS MAIDEN NAME  Sept. III. BIRTHPLACE (County & State, or foreign country)  Foreign lide, seen if relied)  III. BIRTHPLACE (County & State, or foreign country)  III. MOTHERS MAIDEN NAME  Sept. III. BIRTHPLACE (County & State, or foreign country)  III. MOTHERS MAIDEN NAME  Sept. III. BIRTHPLACE (County & State, or foreign country)  III. MOTHERS MAIDEN NAME  Sept. III. MOTHERS MAIDEN NAME  Sept. III. BIRTHPLACE (County & State, or foreign country)  III. MOTHERS MAIDEN NAME  Sept. III. BIRTHPLACE (County & State, or foreign country)  III. MOTHERS MAIDEN NAME  III. MOTHERS MAIDEN NAME  Sept. III. BIRTHPLACE (County & State, or foreign country)  III. MOTHERS MAIDEN NAME  III. MOTHERS MAIDEN NAME  Sept. III. BIRTHPLACE (County & State, or foreign country)  III. MOTHERS MAIDEN NAME  III. MOTHERS MAIDEN NAME  III. MOTHERS MAIDEN NAME  Sept. III. BIRTHPLACE (County & State, or foreign country)  III. MOTHERS MAIDEN NAME  III. MOTHERS MAIDEN NAME  Sept. III. MOTHERS MAIDEN NAME  III. MOTHERS MAIDEN NAM	YES NO 🔀					
3.	DECEASED			OF				
S.				1870 last pirthdoy) Mai				
	ring mast of working life, even if retired)			,,	12. CITIZEN OF WHAT COUNTRY?			
13.					O . D . M .			
	John Rotz		Samah 1	Polamore				
15		16 SOCIAL SECURITY NO. 17			13, 10 10 10 10 10 10 10 10 10 10 10 10 10			
		vice)						
_			s. Mari Diel	11 Marion, Pe				
		INTERVAL BETWEEN ONSET AND DEATH						
		ONSET AND DEATH						
	// 3 / ^	C VD o						
	Canditions, if ony, which gove ) (b)	SENILITY			5 YRS.			
	rise to immediate couse (a),							
	staring the underlying cause							
	- ' ' ' -							
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO			
CERTIFIC	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in F	Part I ar Part II af item 18.)				
MEDICAL	20c. TIME OF INJURY Manth, Day, Year Hour a.m. p.m. 19	While Not While foct			(Caunty) (State)			
	21. I certify that (I) (this hospital) attended the deceased from OCT. 18 . 19.66, to NOV. 20 . 19.66 that (I) (							
	220. SIGNATURE 22b. DATE SIGNED 22b. DATE SIGNED							
	22c. PHYSICIAN'S NAME (Type) ThE W	DiTToge	22d. ADDRESS	ustin my				
23	REMOVAL (Specify)				(County) (State) Franklin, Pa			
2	24. FUNERAL DIRECTOR	ADDRESS		BY REGISTRAR 25b REGISTR	AR'S SIGNATURE			
	Walter y flox	Waynesboro, Penn	a. NOV	2 5 1966 Julian	res Judge.			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending on sticking and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 haurs after death. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 20 M 1/66

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH 16299 C AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 16298

a. COUNTY	a. STATE b. COUNTY
WASHINGTON MARYLAND	MARYLAND WASHINGTON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town) HAGERSTOWN 11 MONTH	HAGERSTOWN 21./
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
WASHINGTON COUNTY HOSPITAL	207 E. WASHINGTON ST. YES NO X
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) MARGIE GRACE	ST JOHN   DEATH NOVEMBER 30 19 66
7. MARKIED NEVER MARKIED	B. DATE OF BIRTH  9. AGE (In years   IFUNDER 1 YEAR   IF UNDER 24 HRS.   Iast birthday)   Months   Days   Hours   Min.
	MARCH 18, 1890 76 yrs.   World   Days   Hours   Will.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  HOMEMAKER  1Db. KIND OF BUSINESS OR INDUSTRY  OWN HOME	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN DAVIS	ANNA HOSE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) ((If yes give war or dates of service)	INFORMANT HAGERS TOWN, MARYLAND
	ILDRED ST JOHN 207 E. WASHINGTON ST.
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	worden windend ONSET AND DEATH
33/X IMMEDIATE CAUSE (a)	i all all all all all all all all all al
Conditions, If any, which ) DUE TO (b) American	1 /10 Minis orlangia 10 years
gave rise to immediate	Wy John John John John John John John John
underlying course less	
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY
18 mind Mal Spalingon	PERFORMED? YES NO 12
20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)
PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO COUNTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   20e. PLAN factor   2Dd. INJURY OCCURRED   2Dd	ry, street, office bidg., etc.)
21. I certify that (I) (this hospital) attended the deceased from I	7 19 60, to 100. 30, 19 60, that (1) (we) last
saw the deceased alive on Nev. 30 19 4 6 and that	death occurred at M. from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
Smc. smoton M.D	ATTENDING MED. STAFF PHYS.   12/1/1966
22C. PHYSIC/AN'S	22d. ADDRESS
NAME (Type) JOHN C. MORTON M.D.	580 NORTHERN AVE. HAGERSTOWN, MD.
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY   23d. LOCATION (City, town or county) (State)
BURNAL (Specify) 12/3/1966 REST HAVEN (	, , , , , , , , , , , , , , , , , , , ,
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
CHARLES M. ROUZER HAGERSTOWN, MARYLAND	DATE DEC 6 1966 Icharles Judge

VR AI5 (4) 20M 1/65

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	AND MANAGEMENT AND	THOUGHT AND THE START THE		
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		Alexandra.		
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16300

## CERTIFICATE OF DEATH

16299

		PLACE OF DEATH				ere deceased lived, if institution: Residen	ice befare admission)	
	(	a COUNTY Tasningt	'nn	MARYLAND	o. STATE	nd Washingto	n	
		b. CITY OR TOWN (If out		T c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outsi	de carporate limits, write RURAL and give		
		write_RURAL and give	negrest town)	3 Weeks			011	
	<u></u>	Hagers			Hagers	town	2/1/	
.0			R INSTITUTION (If not in haspital,		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?	
14			n County Hos		415 Mitc.		YES NO Z	
		NAME OF	First	Middle		4. DATE Month OF NOTE TO TO	Day Year	
		DECEASED (Type ar print)	WILLIAM F	REDERICK	SELLER	DEATH NOV 10 19	966 19	
- 1	S. 5	SEX 6.	COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER		
	14	ale W	hite WIDOWED	DIVORCED	May 10 191	5 last birthday) Manths 7 yrs.	Days Haurs Min.	
	10a	. USUAL OCCUPATION (Giv	e kind of work done 10b. K	ND OF BUSINESS OR	11. BIRTHPLACE (County & S	State, ar fareign country) 12. (1)	TIZEN OF WHAT	
	duri	ing most of working life, e Leather	Worker Ha	g. Shoe Go	Hagerstown	Wash Co Md.	UNITRY?	
	13.	FATHER'S NAME			14. MOTHER'S MAIDEN NA			
	1	William H	. Semler		Mary Fr	eed		
	15.	WAS DECEASED EVER IN U	J.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Address		
	(Ye	es, na, or unknawn) (It ye	es give war ar dates af service)	-10-3471 W	illian E. S	emler 415 Mitch	nell Ave	
		18. CAUSE OF DEATH	(Enter anly one cause per line far	(et), (b), and (c),)	Hagerstow	n Ma. /	INTERVAL BETWEEN	
		PART I. DEATH W	AS CAUSED BY:	0/11/200 00		- 10/15	ONSET AND DEATH	
. 1/3		IMMEDIATE CAUSE (a) 1 Mon 3 4 4 L m PO 1 2						
		Canditions, if any, whi	DUE TO	1/4	115000 (	Skin Grafting	100	
. *		rise ta immediate ca	use (a)	10wing	O TERY	0-12-1110	- can	
		stating the underlying		161000	1/9/ My	al. tea 15%	many	
-47		last.	) (c) [ 0	Chron	10 / n/2	ebilic Olcers	reals	
0	z	PART II. OTHER SIGNIFI	CANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDI	ITION GIVEN IN PART 1(a)	19/ WAS AUTOPSY PERFORMED?	
	13						YES NO	
	CERTIFICATION	20g. ACCIDENT WAS UND	DERLYING 🗆 205. DE	SCRIBE HOW INJURY OCCURRED	. (Enter nature of injury in Pa	rt I ar Part II af item 18.)		
	ERT	OR CONTRIBUTING CA	AUSE OF DEATH					
		(IF EITHER, NOTIFY MEDI		NJURY OCCURRED 20e. P	ACE OF INJURY (Hame, farm,	20f. (City or town) (Ca	unty) (State)	
	MEDICAL	20c. TIME OF INJURY I	Manth, Day, Tear 20a. II		ictory, street, affice bldg., etc.)	zor. (chy ar idwii) (ca	unty) (State)	
	×	p.m.	19 at war		1 0			
167		21. I certify t	hat (I) (this haspital) atten	ded the deceased fram_	July , 19.	54, to 10 NOV, 19	66that (I) (we) las	
		saw the decea	sed alive an 15 No	19 66, and the	at death accurred at_	1 40 M Gram causes and an t	he date stated above	
		22a. SIGNATURE	10/	// //	/	22b. D	ATE SIGNED	
		Man	A C Alu	intoot 1		ED. STAFF PHYS.   1/	NOV66	
		22c. PHYSICIAN'S	T 1 ~~	2	22d. ADDRESS	2 1/ 64	1/	
1		NAME (Type)	Frank F.	Brumps	ch 117	1/ng 3/	12gerston	
,	23a	. BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City or Town)	(County) (State)	
	B	REMOVAL (Specify)	11/13/88	Dunkard Ce	metery H	roadfording Was	eh Co Ma	
2	24	. FUNERAL DIRECTOR	Hagerstown	ADDRESS		BY REGISTRAR 2Sb. REGISTRAR'S S	SIGNATURE	
11	A	ndrew K.	Coffman June	eral Home Ir	DATE NO	IV 16 1966 Acha	rles Judge	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66 HIT CALL TO THE MANAGE STATE OF A SHAPE SAME.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16301

## CERTIFICATE OF DEATH

16300

						-	1000	U
1. PLACE OF OEATI	H				(Where deceased lived,		dence before	odmission)
o. COUNTY	d an order of an		MARYLAND	o STATE Marvla	nd Wash	ing ton		
h CITY OF TOW	(If outside corporote limits,		C LENGTH OF STAY IN 1b		outside corporote limits,		give negrest	town)
write RURAL	and give nearest town)					WING KOKAL ONG	7/	,
	erstown		5 Days		erstown		06/10	/ DESIDENCE
	PITAL OR INSTITUTION (If not			d. STREET ADDRESS			е.	ON A FARM?
Wester	en Md State	Hosp	ital	960A Ma	in Ave		Y	ES NO
3. NAME OF	First		Middle	Lost	4. DATE	Month	Doy	Year
(Type or print)	LEONA	RD 1	(NMN) SE	ville	OF DEATH	Nov.	19.	1966
s. SEX		7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In	yeors IF UND		IF UNDER 24 HRS
7:070	White	WIDOWED	DIVORCED	JU1426,	1908 lost bir		ns Doys	Hours Min.
0- USUAL OCCUPAT	ION (Give kind of work done		ND OF BUSINESS OR		y & Stote, or foreign coun	yrs.	. CITIZEN OF	WHAT
	ing life, even if retired)	IVO. KI	DUSTRY,			lad.	COUNTRY	20
Farme	er		Retired	Hagerstow		and to	0.5	DEF.
3. FATHER'S NAME				14. MOTHER'S MAIDEN				
Ha	rvey Sevil	le		Amand	a Hull			
S. WAS DECEASED	EVER IN U.S. ARMED FORCES?	16.		. INFORMANT		Address	I	
	n) (If yes give war or dates of s	service)	4-34-054br	Bessie H	ull 960 A	Lain	Ave	
No.	DEATH (Enter only one couse	landa.	(a) (b) and (a)		Hagerst	wn Ma.	I INTE	RVAL BETWEEN
PART I. D	EATH WAS CAUSED BY:			and win		144 TT 75 CC .	ONS	ET AND DEATH
1120	IMMEDIATE CAUSE (o	)	coronary c	geerus con			-2-/	minus
430	DUE TO	)						/
	ny, which gove ) (b	1_ (1	therosclere	gsis, sever	-3°		WAL	enoun
	liote couse (o), DUE TO	)					4 736	
last.	) (c	a	Pterio selepi	ISIS, PRICE	a/		-	4
PART II. OTHER	SIGNIFICANT CONDITIONS CON		TO DEATH BUT NOT RELATED TO			1 1(0)	19. 1	WAS AUTOPSY
S S							YES	PERFORMEO?
S On Accinent	WAS UNDEDIVING FO	201 00	SCOIDE HOW INVIDE OCCUPATION	) (Enter nature of links !-	Dort I or Dort II of tar	- 10)	163	, _ 10 2
	WAS UNDERLYING □ ING □ CAUSE OF DEATH	205. DE	SCRIBE HOW INJURY OCCURRE	J. LETTER NOTURE OF INJURY IN	POTE I OF POTE II OF ITE	n 10.}		
(IF EITHER, NOT	IFY MEDICAL EXAMINER)							
20c. TIME OF I	NJURY Month, Doy, Year			LACE OF INJURY (Home, for		town)	(County)	(Stote)
E nour	o.m. p.m. 19	While of wor		octory, street, office bldg., etc	(.)			
21 1 ce	rtify that (1) (this hasni		ded the deceosed from.	NOV. 16	1966 to N	04.19	966 the	ot (I) (we) I
saw the	deceased alive on	100.1	9, 1966, and the	nat death occurred a	11/145/5 M. from	couses and or	n the dote	stoted oho
22o. SIGNATU	The second secon		7 -110 11				. DATE SIGNE	
220. 31014410		1	Ramas,	M.D. PHYS.		AFF I		11966
22c. PHYSICIA	M°C			1 22d ADDDECC 6.	restern ma			
NAME (T)	(pe) VICTOR	. L.	Ramos, mile	D ZZG. ADDRESS	tagers frew			
J								
23a. BURIAL, CREMA	ATION, 23b. OATE THER	EOF	23c. NAME- OF CEMETERY O		23d. LOCATION (C	, ,	(County)	(Stote)
Burial	(ity) 11/22/6	36	Dunkard Ce	metery	Boradfor	ding W.	asi C	la M.d
24. FUNERAL DIRE			ADDRESS		D BY REGISTRAR	25b. REGISTRAR		
Andrew			ral Home In	COATE	NOV 28 1	356 00	liarle	Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. af Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion.

> VR A15 (4) 20 M 1/66

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1. PLACE OF DEATH	CERTIFICATE	OF DEATH	1631	01
o. COUNTY	MARYLAND	o. STATE	Where deceosed lived, if institution: Resider b. COUNTY	hington
Washington  b. CITY DR TDWN* (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b		tside corporote limits, write RURAL ond giv	ve neorest town)
d. NAME OF HOSPITAL OR INSTITUTION (IF not in hospital, gir	Me5 yrs. ve street oddress)	d. STREET ADDRESS	1, Big Spring,	e. IS RESIDENCE DN A FARM?
Rural L. Residence	Middle	Rural	4. DATE Month	YES # NO -
3. NAME OF First DECEASED		Lost	OF	Doy Year
	atherine	Shank B. DATE OF BIRTH	9. AGE (In years   IF UNDER	30 19 66 1 YEAR   IF UNDER 24 HRS.
Female White WIDOWED	# "	Dec. 29.18	lost birthdoy) Months	Doγs Hours Min.
	D OF BUSINESS OR		& Stote, or foreign country) 12. CI	ITIZEN OF WHAT
during most of working life, even if retired)  Home duties	use work	Greences	stle, Pa. U	J.S.A.
13. FATHER'S NAME	MDE MAIN	14. MOTHER'S MAIDEN		
William Burkholder		Caroline	e Vandreau	
IS WAS DECEASED EVED IN II S APMED ECONOCES? 16 SC	OCIAL SECURITY NO. 17.	INFORMANT	Address	
(Yes, no, or unknown) (If yes give wor or dotes of service)	one Mi	ss Marien	Shank, Rd.1,Cls	pg. Md.
Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse last.	vanced rentral	atheros Hyper	derous	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO		THE TERMINAL DISEASE COI	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJ	AL CLUST ME	CE OF INJURY (Home, form		ounty) (Stote)
O House to the state of the sta	Not While of work	tory, street, office bldg., etc.		
21   certify that (1) (this haspital) attend	ed the deceased from C	Dug. 15	966 to shan 30 . 190	that (I) (we) la
p.m. of wdik	ed the deceased fram 4	attending	966, to 30, 199 4:10 PM, fram causes and an t	that (I) (we) lathe date stated above
21. I certify that (I) (this haspital) attend saw the deceased alive on Oct 3.	ed the deceased fram 4 1966 and tha	D. ATTENDING PHYS. 22d. ADDRESS	1966, to Show 30, 199 4:10 PM, fram causes and an t	the date stated abov
21. I certify that (I) (this haspital) attends saw the deceased alive on Oct 3/220. SIGNATURE  22c. PHYSICIAN'S NAME (Type) A.M. MANDELL, M  23o. BURIAL, CREMATION, 23b. DATE THEREOF	ed the deceased fram 4 1966 and tha	D. ATTENDING D. PHYS. 22d. ADDRESS 119	966, to from 30, 199 W:109M, fram causes and an to MED: STAFF 22b. D DIRECTOR PHYS.   22b. D	the date stated abov
21. I certify that (I) (this haspital) attend saw the deceased alive on Oct 3/220. SIGNATURE  220. PHYSICIAN'S NAME (Type) A.M. MANDELL, M	ed the deceased fram L 1966 and tha M.	D. ATTENDING D. PHYS. 22d. ADDRESS 119	966, to 30, 199 W:10PM, fram causes and an to MED:  STAFF  DIRECTOR PHYS.   22b. D  E. ANTIETAM ST., HA	AGERSTOWN, MD  (County) (Stote)  Md.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and the event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion.

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, BALTIMORE, MARYLAND 21201

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6303 CERTIFICATE OF DEATH	

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral director name 3 should be detached for use as the buring-transit bermit. Then please remove carbon papers. Pages 1 and 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after deoth.

Page 4 may be retained by the hospital or attending physician. VR A15 (4) 20 M 1/66

	16303	CERTIFICATE	OF DEATH		16302
	PLACE OF DEATH o. COUNTY  Washingto	MARYLAND MARYLAND	110. STATE Distric	ere deceosed lived, if institution: Resident of Colunty	Prince Garies
	b. CITY OR TOWN (If gutside carporate limit, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	Was	de corporate limits, write RURAL and s	give nearest town)
	d. NAME OF HOSPITAL OF INSTITUTION (If not in ho	ospital		unst. Hill Crest	ON A FARM? YES NO NO
	NAME OF First Phina Phina Phina	Middle	shatzer	DEATH No very be	Day Year 1966
S.		DOWED DIVORCED	May 22, 18	96 90 yrs. Months	
dui	n. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) ##DUSE WORK	10b. KIND OF BUSINESS OR HOUSE Keeper	Washing	In Q. Mangland	COUNTRY?
	FATHER'S NAME' GEORGE W. K	endall	14. MOTHER'S MAIDEN NAI	M. Muha	nait
1S (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? es, na, or unknown) off yes give was or dates of servi	(e) 199-05-7320 M	Wellon &	hately Hagers	town, hed.
	IB. CAUSE OF DEATH (Enfer only one couse per PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line for (a), (b), and (c).)	mark	Jun .	ONSET AND DEATH
	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse	Carterio ple	war is	weed Drive	c 15 yus
z	last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CERTIFICATION		ON DESCRIPT HOW WHILE ACCURDED		11 - B - 11 - 6 in - 1D )	AEZ NO
	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (			
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o.m. p.m. 19	While Not While foctor	E OF INJURY (Home, farm, ory, street, office bldg., etc.)		(County) (State)
	Dail life detected the training	attended the deceased fram_ 19 <u>66</u> 19, and that	1-1964 , 19 death accurred at 1	15PM, fram causes and ar	
/	220. SIGNATURE  Som C. MW	A. M.C		ED. STAFF PHYS.   1/	DATE SIGNED
	20. PHYSICIAN'S NAME (Type) John C. Mortor		Hagerston		
	o. BURIAL, CREMATION, REMOVAL (Specify)  11-22-19		Emefera	23d. LOCATION (City or Town)  Cheencastle 1	(County) (State)
2	Haroll M. Zenne	ADDRESS Seem Cartle	DATE DATE	5 1966 PEGISTRAR	

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1630	4		CERTIF	ICATE	OF DEATH			16303	
PLACE OF DEAT	4				2. USUAL RESIDENCE (W	there deceosed lived, if it	nstitution: Resider	nce before odmis	ssion)
o. COUNTY Was	shington		MAR	YLAND	o. STATE Maryla	nd "	Wa	shingt	
b. CITY OR TOWN	(If outside corporate limit and give nearest town)	ts,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If out	side corporote limits, wri	te RURAL and giv	re neorest town)	)
Rura	Clear S PITAL OR INSTITUTION (If n	pring	75. y	rs.	Rural d. STREET ADDRESS	4 Clear	Sprin	g, Md.	2/·/
		of ill nospitol, give	s street oddress)		_			ON A	SIDENCE FARM?
Rura			44:111		Rural	4. DATE	Month	H	Year
NAME OF DECEASED		irst	Middle	Q1	Lost	OF		1.77	9 66
(Type or print) . SEX	Ralph 6. COLOR OR RACE	7. MARRIED	T NEVER MARRIE		ninham Date of Birth	P. AGE (In ye	ors IF UNDER		DER 24 HRS.
Male	White	WIDOWED F			Oct. 1,18	lost birthd	oy) Months		
o. USUAL OCCUPAT	ION (Give kind of work done	10b. KIND	OF BUSINESS OR	-		Stote, or foreign country	12. C	ITIZEN OF WHAT	
Ret i re	ng life, even if retired) ed Farmer	INDU	arming		Wash, C	• Md.		U.S.A.	
. FATHER'S NAME					14. MOTHER'S MAIDEN N	AME	9-1-1		
David	M. Shinha	m			Mary A.	Sowers		35-15	
S. WAS DECEASED	EVER IN U.S. ARMED FORCES?	16. SO	CIAL SECURITY NO.	17. 11	FORMANT		Address		Md.
Yes, no, or unknow	n) (If yes give wor or dotes	r 1 214	36-721	19 (	eorge F.	Shinham	Rd.4.H	agerst	ewn
18. CAUSE OF	DEATH (Enter only one co	use per line for (o	), (b), ond (c).)					INTERVAL 8	BETWEEN
PART I. D			ricular f	ibrill.	ation			2 minu	
420		TO							
	ny, which gove	(b) Myoc	ardial inf		on due to c	oronary art	ery	??	
	iote couse (o), DUI	10		oc	culsion				
last.	)	(c)							
PART II. OTHER	SIGNIFICANT CONDITIONS			LATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1	(o)	19. WAS A PERFO	UTOPSY RMED?
Corona	ry artery a	theroscle	erosis					YES 🗌	NO X
OR CONTRIBUT	WAS UNDERLYING  NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	205. DESCI	RIBE HOW INJURY C	CCURRED. (	Enter noture of injury in I	Port I or Port II of item 1	8.)		
Hour	p.m. 19	While of work	IRY OCCURRED  Not While of work	focto	E OF INJURY (Home, farm ry, street, office bldg., etc.)			ounty)	(Stote)
21. I ce	wife that (1) (this ha	spital) attende	d the decoased	from_1	ily 3, 1964, 1	9 to Nov	3, 1966	, that (I)	(we) las
saw the	deceased alive on	May 13.	1966,	and that	death occurred at	LU: 30 MA Hom ca	uses and an	the date stat	ted above
220. SIGNATU	RE S	wayee	0000		ATTENDING A	MED. STAFF DIRECTOR PHYS.	22b. I	ov. 4,	1966
Ch	Mie Hot	4 Cok		M.D	PHYS. 22d. ADDRESS	DIRECTOR L PHYS.	<u> </u>		-,00
22c. PHYSICIA NAME (T	pe) Archie Ro	bert Col	nen, M.D.	,		pring, Md.			
30. BURIAL, CREMA		IEREOF	23c. NAME OF CEM			23d. LOCATION (City	or Town)	(County)	(Stote)
REMOVAL (Spe		166	St. Pa	uls	Cemetery 250. REC'D	Wash.	Co Md Sb. REGISTRAR'S		
24. FUNERAL DIRE	LIUK		ADDRESS		Md - DATE	BY REGISTRAR 2	Sb. REGISTRAR'S	SIGNATURE	
/)	111111	/ // []	ear opr	Ing.	IVICI - DATE	TO Y Y	10	- ruy	The same

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please regions arban papers. Pages 1 and 2 should be filed with the State Dept. at Health priar ta burial, crematian, or removal, and in any event, within 72 haurs after death

VR A15 (4) 20 M 1/66

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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aid reine	di anoli a famili	new W. Man	inst teeld	fere
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE HEALTH DEP DEPT. 24 hours after death. If any delay is note that the last one of the last one and a second a s P.M.3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department of Heolth or its designated ogent, prior to buriol, cremation, or removal, and in ony event within 72 hours after death election along with form This certificate should be executed within 24 hours after death. If "pending" in pencil the funeral director. Page 4 should be forworded to the Chief Medical Exomir necessory, please execute the certificate, writing the word TO DEPUTY MEDICAL EXAMINER:

VR A15ME (5)

John

Bast. Jr. 112 N. Main St.

10	5305		MED	ICAL EXAMIN	VER'S	CERTIFICATE O	F DEATH		163	114	
	F DEATH TY Shington			MAR	YLAND	2. USUAL RESIDENCE (  o. STATE  Maryla:	Where deceosed live nd	b. COUNT		fore odmissio	on)
b. CITY C	OR TOWN (If outsi	de corporote limits nearest town)	1	c. LENGTH OF STAY	IN 1b	C. CITT OK TOWN (II de	arside corporare ilmii			rest town)	
	RURAL and give edysvill			1 Day			Myersvill	e Rfd	. 2	10 -	2
d. NAME	OF HOSPITAL OK	INSTITUTION (If no	r in nospiroi, g	ive street oddress)		d. STREET ADDRESS				e. IS RESIL ON A FA	
3. NAME O		Fire		Middle		Lost	4. DATE OF	Month	D	оү Уе	
(Type or	print)	Raymond	- 1	illiam		Sigler, Jr	DEATH		er 12,		66
S. SEX	6. ((	LOR OR RACE	7. MARRIED	NEVER MARRIE		B. DATE OF BIRTH	last	In yeors birthdoy)	Months Doy		R 24 HRS. Min.
Ma.		White	WIDOWED	DIVORCE		August 23,	1922 11	yrs.	2 19		,,,,,,
	OCCUPATION (Give of working life, ev			ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (State	3 17		12. CITIZEN COUNTR	y ?	
	of working life, even						k, Maryla	nd	U. S	3. A.	
13. FATHER	'S NAME					14. MOTHER'S MAIDEN	NAME				
		Sigler,				Joyce Ne	tz				
		S. ARMED FORCES? give wor ar dates of		OCIAL SECURITY NO.		NFORMANT		Addres	Mar.		
No.				Vone	R	aymond W. S:	igler, Sr	<ul> <li>Myer</li> </ul>	sville	Rfd.	2
	ART I. DEATH WAS		0.5	(o), (b), ond (c).)	ine					NIERVAL BET	WEEN
9	290	MMEDIATE CAUSE (		The state of the s					1	221205	7
Conditi	ons, if any, which	gove )	(b)								
	immediate cous	e (0), ( DIIE									
last.	The onderlying		(c)								
PART II	I. OTHER SIGNIFICA	NT CONDITIONS CO	NTRIBUTING T	O DEATH BUT NOT REL	ATED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN IN PA	ART 1(o)	1	9. WAS AUTO	
CATIO										PERFORMI YES	NO NO
PRIMAR	XTERNAL CAUSE WA RY 📉 OF CONTRIBU OF DEATH.		20b. DES	COURT HOW INJURY O	CCURRED.	Enterpoture of injury in	Port I or Port II of i	tem 18.)			
WEDICA TI	ME OF INJURY M	onth, Doy, Year	20d. 1N While at work	Not While of work	20e. PLAC	E OF INJUKY (Home, form on, steet, office bldg., etc.)	n, 20f. (City	or town)	(County)	1 m	(Stote)
31		I took chorge			nove he	ld on Autopsy ,	Inspection 2	Inqui	ry \ \ \ or	nd in my	opinior
1 1	oth resulted fr		l couses	, Accident		de , Homicide		mined mo	,	id iii iiiy	opinio
	1			1 0	,	CHIEF MEDICAL		miliod mo			
SIGNA		EW B	M	h		_ m.D.	ICAL EXAMINER		11/12/	22. DATE	SIGNED
EXAMI NAME		EW	Di	110 /2			AL EXAMINER	ty)	1.16	0	
23o. BURIA	L, CREMATION,	23b. DATE THE	REOF	23c. NAME OF CEM	ETERY OR (	CREMATORY	23d. LOCATION	(City or Tow	n) (Coun	ity) (S	itote)
	VAL (Specify)	11- 15	5- 66	Pleasant	View	Cemetery	Burkitt	svill	e. Md.	TIDE	
24. FUNER	AL DIRECTOR			ADDRESS		250. RECT	BY REGISTRAR	ZSD. REG	ISTRAR'S SIGNAT	UKE	

1966

DATE

Boonsboro , Md .

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MAKYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

£ _ £			16306	CERTIFIC	ATE OF DEATH		16305
funeral funeral funeral	0		COUNTY WASHINGTON	MARYLAN	o. STATE	Where deceosed lived, if institution b. COUN	
by the fur Pages I aurs after			o. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 18	-	utside corporote limits, write RUR	AL ond give nearest town)
n 24 hou illed in E gapers. nin 72 ha	19	(	NAME OF HOSPITAL OR INSTITUTION (If not in		d. STREET ADDRESS	CT /slater	e. IS RESIDENCE ON A FARM? YES NO
within tely fill rban p r, withi	//		NAME OF First DECEASED Type or print)  BABY	Middle  BOY SMITH	Lost	4. DATE Month OF DEATH	Doy Year 22 19 66
that the death certificate be executed within 24 hours after death an.  by the attending physician and campletely filled in by the funeral ransit permit. Then pease, remave carban papers. Pages I and crematian, ar remaval, and many event, within 72 haurs after been the companion.		5. :	EX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED WIDOWEO OVORCEO	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	IF UNDER 1 YEAR   IF UNDER 24 HRS Months Doys Hours Min.
physician and en phase rem	)		USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired)	10b. KIND OF BUSINESS OR INOUSTRY	11. BIRTHPLACE (County	8 State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
th certificat ling physici Then pre- remaval, a		13.	FATHER'S NAME  DAVID STEVE	d Smith	14. MOTHER'S MAIDEN		Harrey
attending permit. The		1S. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? i, no, or unknown) (If yes give wor or dotes of ser	vice) 16. SOCIAL SECURITY NO.	17. INFORMANT	Address 10Fe	STUDIER STREET
that the can. by the att			18. CAUSE OF DEATH (Enter only one couse p PART I. DEATH WAS CAUSED BY:	er line for (o), (b), ond (c).)	14.	7/21	INTERVAL BETWEEN ONSET AND DEATH
			MMEDIATE CAUSE (o) OUE TO Conditions, if ony, which gove ) (b)	Sumo	luit		Colol
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spital or at ertificate had ed far use af Health		CERTIFICATION	20o. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCUP	RRED. (Enter noture of injury in	Port 1 or Port II of item 18.)	
G PHY the har r this ca detach te Dept		MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19	20d. INJURY OCCURRED While Not While of work Ot work	e. PLACE OF INJURY (Home, forn foctory, street, office bldg., etc.		(County) (Stote)
ned by R: Afte unld be the Sta			21. I certify that (I) (this haspite saw the deceased alive an	al) attended the deceased fra	I that death accurred at	1966, ta (/2 6:15 M, fram causes (	19 <u>6</u> (that (I) (we) la and an the date stated abav
OR ATTER be retaine DIRECTOR: ge 3 shaul led with th			220. SIGNATURE 7-0-D	one J.	M.D. ATTENDING PHYS.	MED. STAFF OIRECTOR PHYS.	22b. DATE SIGNED / 6 6
	1		22c. PHYSICIAN'S Frederic	k D. Pove h	22d. ADDRESS A	· Potomac.	St Hagerstow
Page 4 may O FUNERAL director, pages		230	BURIAL, CREMATION, REMOVAL (Specify)  23b. OATE THEREO Nov. 28th	//	N COUNTY HOSP.		WASH. MD.
VR A15 (4) 20 M 1/66		24	FUNERAL DIRECTOR after ad	m. Wash. Co.	JATE DI	D BY REGISTRAR 1966Sb. REA	GISTBAR'S SIGNATURE Judge

6 TO DESCRIPTION OF THE PARTY OF WHEN WEIGH BONDER TO SPITE OF SPECES STATES (1) 45 H 12 6 TOR (1) 150 2 Miles CAPALLER BORDELLER Motore Canadourees the second section of the second section of the second section of the second section of the second section of

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physicion. funeral strang VR A15 (4)

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	<b>O FUNERAL DIRECTOR:</b> After this certificate has been signed by the attending physician and campletely filled in by the	ď	Ф	
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		PLACE OF DEATH			2. US	UAL RESIDENCE (	Where deceosed lived,	if institution: Res	idence before	e odmission)
			ngton	MARYLAND	0.	STATE Ma:	ryland	b. COUNTY P	rø Geo	orges/
	t	<ul> <li>CITY OR TOWN (If outsident write RURAL and give not only to the control of the cont</li></ul>		c. LENGTH OF STAY IN 1b	c. CIT		utside corporate limits,	D	give neores	t town)
		Hagerstown,					alley Park	Road	/	6.2
1	1	Vestern	STATE ON (If not in he	MJ State Ho		eat Pleas	sant, Md.			e. IS RESIDENCE ON A FARM? YES NO
	[	NAME OF DECEASED Type or print)	9+01/a	Middle M20	51	Lost	4. DATE OF DEATH	Month //	Doy	Year 1966
	5. S			ARRIED NEVER MARRIED		of BIRTH y 10, 18	9. AGE (In	years IFUNI thdoy) Month		Hours Min.
	10o.	USUAL OCCUPATION (Give k	ind of work done	DOWED DIVORCED DIVORD			& Stote, or foreign coun	γι5.	2. CITIZEN OF	
	duri	ng most of working life, ever Housew	if retired)	own home		Delawa	are		COUNTRY?	A
	13.	FATHER'S NAME			14. N	OTHER'S MAIDEN	NAME			
		Fran	k E Gordon			Lo	ouise Warr	ington		
		WAS DECEASED EVER IN U.S.			17. INFORM	ANT		Address	H 31	MATERIAL STATES
	(16)	s, no, or unknown) (If yes g	Ive wor or doles of servi	tej	Eld	ridge C	Smith Hy	attsvill	le, Md	•
		18. CAUSE OF DEATH (En	ter only one couse per	line for (o), (b), ond (c).)	1. 1		/			ERVAL BETWEEN SET AND DEATH
В			AMEDIATE CAUSE (o)	NOK.	0010	V	neuma	nla	OIT.	IWK
		6600	DUE TO	Danie	/	(-1,	1-0			
		Conditions, if ony, which in nise to immediate couse	(0)	1ceno/		0110	re		/	mon
		stoting the underlying colors.		Chronic	by	elon	ebhrit	1.5	n	10045
	z	PART II. OTHER SIGNIFICAN	T CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELATED	TO THE TER	MINAL DISEASE CO	DITION GIVEN IN PAR	T 1(o)	19.	WAS AUTOPSY PERFORMED?
	CATIO				THE				Y	ES NO
	CERTIFICATION	20o. ACCIDENT WAS UNDER OR CONTRIBUTING ☐ CAUS (IF EITHER, NOTIFY MEDICAL	E OF DEATH	205. DESCRIBE HOW INJURY OCCUR	RED. (Enter n	oture of injury in	Port I or Port II of ite	n 18.)		
	MEDICAL	20c. TIME OF INJURY Mor Hour o.m.	nth, Day, Yeor	20d. INJURY OCCURRED While Not While of work of work		JURY (Home, formet, office bldg., etc.		town)	(County)	(Stote)
1			(I) (this hospital)	attended the deceased fran	n_7-	15	1966 to 11	- 11	1966, th	nat (I) (we) las
		saw the decease					4:09M, fram			
		22o. SIGNATURE	1 1	1 Pros.	M.D. PH	TENDING X		AFF 22t	b. DATE SIGN	ED 2 - 66
		22c. PHYSICIAN'S EC	lwin	G Rilex		2d. ADDRESS	DIRECTOR CO (1)	13. 2	1-1-	
	230	· BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMA	DRY	23d. LOCATION (C	ity or Town)	(County)	) (Stote)
		REMOVAL (Specify) Burial	Nov 14, 1				Colmar	lanor Pr	o Geo	
	24.	FUNERAL DIRECTOR		ADDRESS			D BY REGISTRAR	2Sb. REGISTRAN	C'S SIGNATUR	6.100
0,		F. Gasch'	s Sons	Hyattsville, Md.	- OK	DATE N	DV 16 198	6 fell	arles	Long

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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es that the death certificate be executed within 24 haurs after death sician.	signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave rarban papers. Pages 1 and 2 burial, crematian, ar remaval, and in any event within 72 haurs after death		1. PLACE OF DEATH O. COUNTY Washington			MARYLAND			2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmissic o. STATE b. COUNTY Washington				
afte the f			b. CITY OR TOWN (I	outside corporate limit	s, c.	LENGTH OF STAY	IN 1b					JRAL ond give neo	
aurs			Keedysville			Life		Keedysville			2	/. /	
24 h		d. NAME OF HÖSPITAL OR INSTITUTION (If not in hospital, give street address)					d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?  75 N. Main St.  yes \[ \text{No.}\forall \text{Y}						
hin		75 N. Main St.  3. NAME OF First Middle						75 N. Main St.   YES   NO X    Lost   4. DATE   Month   Day   Year					
wit		DECEASED (Type or print)		Nora	В.		Snive			OF DEATH		ber 16,	19 66
uted		5.		6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	ED D	B. DATE C	OF BIRTH		AGE (In years	Months Doy	R IF UNDER 24 HRS.
exec			Female	White	WIDOWED X		ED 🔲		. 27,18	74 9	92 yrs.	1 19	
te be		10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Housewife  10b. KIND OF BUSINESS INDUSTRY Own Home			TRY		Tr. Birth Dice (com) Colors, or love govern				12. CITIZEN COUNTR U • S		
ifical		13.	FATHER'S NAME				154	14. MO	THER'S MAIDEN N	IAME			
cent			Daniel R. Bovey					Mary Cost					
ath			s, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes o	of service)	IAL SECURITY NO.		NFORMA				ysville,	
offer de			No .	ATH (Enter only one cou		-48-3974	+   M1	r. Ge	eorge B.	Snive.	Ly, 15	N. Main	NTERVAL BETWEEN
th to			PART I. DEAT	H WAS CAUSED BY:	11:16	misch	exole	16	aidio	Dasea	elec		ONSET AND DEATH
the cian.			4221 DUE TO Conditions, if ony, which gove ) (h) descense 842										
physicic signed	burial- burial,		Conditions, if ony,	(a) asum	(b)		ales	ee	ref			0	7-4
ding p	ficate has been for use as the f Health priar to	CERTIFICATION	stoting the underlying couse   DUE TO   (c)										
The lo			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED?  YES NO										
			20o. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY		20b. DESCR	IBE HOW INJURY	OCCURRED.	(Enter no	ture of injury in I	Port 1 or Port II	of item 18.)		
G PHY the ho	detac e Dep	MEDICAL	20c. TIME OF INJU Hour o.n	RY Month, Day, Yeor 1.	20d. INJUI While of work	Not While at work			URY (Home, form , office bldg., etc.)	1	City or town)	(County)	(Stote)
DIN by	Stat		21. I certify that (I) (this haspital) attended the deceased fram NOV 4 , 1966, to World (b , 1966, that (I) (we) last										
TTEN De line	O FUNERAL DIRECTOR: A director, page 3 should should be filed with the		saw the deceased alive an hore / 1966 and that death accurred at 10P, M, fram causes and an the date stated above.										
OR ATTENI			220. SIGNATURE JULI LOVAN M.D. ATTENDING MED. STAFF 22b. DATE SIGNED JULY 18,1966										
Page 4 may b			22c. PHYSICIAN'S NAME (Type) & Wihelan 22d. ADDRESS Boonstors, Ind.										
Page 4			BURIAL, CREMATIC			23c. NAME OF CEA				23d. LOCA	TION (City or To	own) (Cou	nty) (Stote)
5 5	- 5 to		Burial  FUNERAL DIRECTO	11- 1	9-66	Fairy	riew (	Demet		BY REGISTRAN	edysvi	11e Md	TIIDE
VR 20	A15 (4) (1) M 1/66	t .		st, Jr. 11	2 N. Mei		oneho	no A		NOV 2 2	1966	Jelian	les Judge

ACTOR OF THE COMMENT PROPERTY OF THE PROPERTY 16307 

executed within 24 hours after death. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending buysclan and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
16308

1. PLACE OF DE	ATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)									
a. COUNTY	WASHINGTON	a. STATE MARYLAND b. COUNTY WASHINGTON									
b. CITY OR TO	DWN (If outside corporate limits, AL and give nearest town) STOWN	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
HAGER	STOWN	HAG	HAGERSTOWN 9/-/								
d. NAME OF I	IOSPITAL OR INSTITUTION (if not in	d. STREET AL	d. STREET ADDRESS   e. IS RESIDENCE ON A FARM?								
803 OAI	K HILL AVENUE		803	DAK HILL	AVENUE		res No 🔼				
3. NAME OF DECEASED	First	Middle	Last SNYDER	4. DA			Year				
(Type or prin	(Type or print) GEORGE MERLIN			DE	ATH NOVEMBE		19 66				
5. SEX	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED			RTH	9. AGE (In years   last birthday)	IF UNDER 1 YEAR	Hours   Min.				
MALE	MALE WHITE WIDOWED DIVORCED			1900	66 yrs.						
10a. USUAL OCCUP		KIND OF BUSINESS OR INDUSTRY	11. BIRTHPL	ACE (County & S	tate, or foreign country)	12. CITIZEN COUNTRY	OF WHAT				
		CUIT COURT	WASHI	WASHINGTON CO., MARYLAND U.S.A.							
13. FATHER'S N.				14. MOTHER'S MAIDEN NAME							
	GEORGE E. SNYDE	R	F	ANNIE MI	LLER						
15. WAS DECEASE	ED EVER IN U.S. ARMED FORCES?   16	. SOCIAL SECURITYNO.   17	. INFORMANT	HA	GERSTOWADGREE	ARYLAND					
NO		17-32-6631 N	RS. JANE	r SNYDER	803 OAK H	HILL AVE.					
	OF DEATH [Enter only one cause per	1-2-00/2			^	INTE	RVAL BETWEEN				
PART I.	PART I, DEATH WAS CAUSED BY:										
4201	4 2 A I										
Conditions.	Conditions, If any, which \ a Chance coronary artery disease and ?										
gave rise	to Immediate	0000	1.	In	1	Kon	2/10				
	Stating the	onteri	oscleret	ti he	mbelieros		yeon				
	underlying cause last. (c) CONTRIBUTIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY										
CATI	or out branchi	to and alle	is to	in tolar	20	YE	PERFORMED?				
E 20a, ACCIDE		0	CURRED. (Enter n	ature of injury I	n Part I or Part II or						
	20a. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   20b. DESCRIBE HOW INJURY, OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)										
0		604	LACE OF INJURY (		f. (City or town)	(County)	(State)				
Hour	p.m. 19 at wo	Not While	_	, Diagi, otoi,							
	tify that (I) (this hospital) atten-	ded the deceased from_	Allea	196Q	to NOV.	, 1966, th	at (I) (we) last				
	deceased alive on 12 Nov	19 66, and th	nat death occurr	ed at 4:30 PM	, from the causes	and on the date	e stated above.				
22a. SIGNA	TURE	11	4.000410.4410	Men	07155	22b. DATE SIG					
	M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 11/15/1										
22c. PHYSI		THE W I	22d. ADD		DID ON OTHER	CEDEMONA	T AMD				
	(Typy) JOHN C. STAUF	FER M. D.	145		PECT ST. HA						
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)											
BURIAL 11/10/1966 ROSE HILL CEMETERY HAGERSTOWN, MARILAND											
24. FUNERAL DIRECTOR ADDRESS 25a. REG'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE											
CHARLE M. ROUZER HAGERSTOWN, MARYLAND DATE NOV 18 1956 Policyla, Ques							Jules				
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CHARLE S. -CORO. THE CHARLES IN SELECTION OF STREET

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16310

# CERTIFICATE OF DEATH

16309

					10001		
1.	PLACE OF DEATH			re deceased lived, if institution: Re	esidence befare admission)		
	o. COUNTY Washington	MARYLAND	o. STATE	Washing to	n		
	b. CITY OR TOWN (If autside carparate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outsid	e corporote limits, write RURAL and			
	write RURAL and give nearest town) Hagerstown	6 meeks	Hagers	town	21.1		
	d. NAME OF HOSPITAL OR INSTITUTION (If not in h		d. STREET ADDRESS	, 00 111	e. IS RESIDENCE ON A FARM?		
L	Washington Count	y Hospital	30 East	Lincoln Ave	YES NO NO		
3.	NAME OF First	Middle	Last 4	DATE Manth	Day Year		
	(Type or print) JOHN	7107-0	FFER	DEATH NOV 12 1	966 19		
S.	SEX 6. COLOR OR RACE 7. M	MARRIED NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years IF UI lost birthday) Mon	NDER 1 YEAR   IF UNDER 24 HRS. ths Doys Haurs Min.		
10	Male White W	DOWED DIVORCED A	pr 27 1910	56 yrs.	mis boys mais mis.		
10	a. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & St	ote, or foreign country)	2. CITIZEN OF WHAT COUNTRY?		
E	ring most of warking life, even if retired) Lectronics Engine	INDUSTRY	Hagerstow	m Wash Co Ma	USA		
	FATHER'S NAME		14. MOTHER'S MAIDEN NAM				
	John W. Stouff	er	Carrie E	. Stouffer			
	. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. II	NFORMANT	Address	Ave		
(1	es, no, arunknawn) (If yes give war ar dates of servi	314-09-9956 h	rs Margie I	Stouffer30	Lincoln		
F	18. CAUSE OF DEATH (Enter only one cause per		Nagers		INTERVAL BETWEEN		
1		melipe myocas	execut Man	· lino	ONSET AND DEATH		
	4201 DUE TO		1/00		D.		
1	Conditions, if any, which gove ) (b)	arterio - 2-1100	Two Wens	Despuse	Dept 27-1466		
	rise to immediate couse (o), stating the underlying cause	1 6					
	lost. (c)						
	PART II OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(a)	19. WAS AUTOPSY		
TION					PERFORMED? YES 7 NO		
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING □	20b. DESCRIBE HOW INJURY OCCURRED. (	Enter nature of injury in Port	I or Port II of item 18.)			
CERT	OR CONTRIBUTING CAUSE OF DEATH	The state of the s					
	(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year	2Dd. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm,	20f. (City or town)	(Caunty) (State)		
MEDICAL	Hour a.m.	While Not While facto	ary, street, office bldg., etc.)	(5.17)	(5,0,0)		
	p.iii.	at work at work	1. >-/a 10/	1 +061 +16	10 / / that (1) () lan		
	21. I certify that (I) (this hospital saw the deceased olive an	arrended the deceased from y	death accurred at	48 AM from causes and	19 (c) that (1) (we) las		
	22g. SI&NATURE	7. 17 17 00, dila 117a1	dealli decolled di <u>y</u>	22	Ph. DATE SIGNED		
	Lune hour	COSTE M.C	ATTENDING ME	D. STAFF PHYS.	1-12-66		
	22c. PHYSICIAN'S	31400	1 224 ADDRESS				
		YOU ENSTEIN	FUNK	STOWN	MD		
23	a. BURIAL, CREMATION, 23b. DATE THEREOF		REMATORY	23d. LOCATION (City or Town)	(Caunty) (State)		
	REMOVAL (Specify)			Hagerstown W	, . ,		
2		own I.d. ADDRESS	2So. REC'D BY	REGISTRAR 25b. REGISTRA	AR'S SIGNATURE		
		Funanci Hara In		10 1000 00%			

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 haurs after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	<b>VI</b> )		16311			CERT	TIFICATE	OF DEA	TH		1631	
by the funeral Pages 1 and 2 nours after death.			PLACE OF DEATH	of lam					DENCE (Where de	ceased lived, if institu		ore odmissian)
l o l e			o. county ashing	ton		N	ARYLAND	a. STATE	ryland	b. COU	ington	
ges aft			b. CITY OR TOWN (If outside	e carparate limits,		c. LENGTH OF ST.	AY IN 1b			porote limits, write RL	JRAL ond give near	est tawn)
Page Urs			write RURAL and give no Hagers tow	earest tawn)		6 Da	VS	Shar	psburg	R # 1		21,1
in b rs.			d. NAME OF HOSPITAL OR IN		in haspital, g			d. STREET ADDI		at II do		e. IS RESIDENCE
and completely filled in remave carbon papers. In any event, within 72 h	19		MANUFACTURE OF THE PARTY OF THE			loscita		Mon	dell R	pad		ON A FARM? YES NO TO
重量	15	3.	NAME OF A	Firs		Middle		Last	1 4. DA		nth Di	ay Year
rbo w			DECEASED (Type ar print)		DWARI		ALBER'	Ti .	OF	ATH Novemb	-	66 19
rent		S.		OR OR RACE	7. MARRIED		the state of the state of the	. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YEAR	
com ave				ni te	WIDOWED	DIVO		any 16		last birthday)	Manths Days	s Haurs Min.
nd		100	USUAL OCCUPATION (Give k			ND OF BUSINESS O				or foreign cauntry)	12. CITIZEN	OF WHAT
Se n	ettini.		ng mast of warking life, ever	if retired)	INI	oustry Stired			ore Ci		COUNTRY	
sicia	3	13	Painter FATHER'S NAME		116	GITEU	i	14. MOTHER'S		6y 2000.	1 00	4.
y und	4)	13.								- 1		
The		10	Robert T		14.6	OCIAL SECURITY N	0 17 1	NFORMANT	v (no	record)		
ndir iit.		(Ye	WAS DECEASED EVER IN U.S. s, no ar unknown) (If yes g	ive war ar dates of	service)	OCIAL SECURITY N	63		A ID			- Toll -
erm erm	-		NO		1.31		881 Mr				harpsbu	
programs.  Signed by the attending physician and completely filled in by the fur burial-transit permit. Then please remave carbon papers. Pages I burial, crematian, ar remover, and any event, within 72 hours after.			1B. CAUSE OF DEATH (En PART I. DEATH WAS	ter anly one cous	e per ine far	(a), (b), and (c).)	4	( lbnd	ell Ro	ad		NTERVAL BETWEEN ONSET AND DEATH
ans rem		9		AMEDIATE CAUSE (		- Con	ue (	ing	yay or	ma	- '	5/9/2
ed be			00//	DUE 1	0 >	7.0		500	S A	usto	22	
ign			Conditions, if any, which or rise to immediate couse	(0)	0)	ma	u c	5000	044	40		O
e b s o b o b			stating the underlying co		0							
bee s th			last.	)	c)							
e a		NO	PART II. OTHER SIGNIFICAT			O DEMA BUT NOT	10-14-10-1	HE TERMONAL DIS	EASE CONDITION	GIVEN IN PART I(a)	20	9. WAS AUTOPSY PERFORMED?
us us	0	CERTIFICATION	C				4	1	ey	March	4	YES NO
fice for He		METER	20a. ACCIDENT WAS UNDERS		205. DES	CRIBE HOW INJUR	Y OCCURRED. (	Enter nature of i	injury in Port I or	Part II af item 18.)		
cert hed t. a			(IF EITHER, NOTIFY MEDICAL	EXAMINER)								
nis rtac Dep		MEDICAL	20c. TIME OF INJURY Mor Hour a.m.	nth, Day, Year	20d. IN While	JURY OCCURRED	20e. PLAC	E OF INJURY (Ho		Of. (City or tawn)	(Caunty)	(State)
er H		ME	p.m.	19	at work	Nat While of work		iry, sireer, office o	, ott.		15/5	
Aft be Sto			21. I certify tho	t (I) (this hos	ital) aftere	hed the deceas	ed from	Nal	Le196	, to NOV		thot (I) (we) las
# Selection			saw the decease	d alive an	YOY	1 100 4	$_{-}$ , and that	death accur	red of	M, from causes		
Per			22a. SIGNATURA	1	20	20 ()		ATTENDING	MED.	STAFF C	22b. DATE 91	THEO /
ed v			/ 5	D	3X	ace	M.D	PHYS.	DIRECTO	OR PHYS. L		1/66
bod e	1		22c. PHYSICIAN'S NAME (Type)	+01	0-	10/1	21	22d. ADDR		1 Mus	14	1
ar, db	- /	18		HI	76	se M	24		1 7	CATIO	1	V
o FUNERAL DESCRIPTION of This certificates has been director, page 3 should be detached far use as the should be filled with the State Dept. of Health prior to		230	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THE			EMETERY OR C			. LOCATION (City or To		nty) (State)
TO FUNERAL DIRECTOR: After director, page 3 shauld be a should be filed with the State			Burial		36		Hill		ery Ho	gerstown		in Ma
VR A15 (4)	26		. FUNERAL DIRECTOR	Huse:	rstown	ADDRESS	-		Sa. REC'D BY REC		EGISTRAR'S SIGNAT	es Judge
20 M 1/66	INI		Andrew K.	COTTER	a Fun	eral Ho	Le in	3 D	ATE NOV	1 0 1966	1	1 0

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and  $\mathcal P$ **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16312

# CERTIFICATE OF DEATH

16311

1.	PLACE OF DEATH					2. USUAL RESIDENCE (	Where deceased			befare admi	ission)
	Washing	ton		MARY	/LAND	o. STATE Marylar	ba	b. COU	TY PIR	(SEAU	col.
-		f outside carparate limit	5.	c. LENGTH OF STAY I		c. CITY OR TOWN (If au		limits, write RUI	RAL ond give r	nearest town	)
	write RURAL and	give nearest tawn)		8 mo		Mt.Rain				11	12
-	Hagerst		4 :- hisal -			d. STREET ADORESS	4			I o IS RI	ESIOFNCE
		AL OR INSTITUTION (If no				3600 -	Rhode	Te A	VA.	ON A	A FARM?
		Md. Sta	te Hos			0000				YES L	NO DE
3.	NAME OF DECEASED (Type or print)	Davi	d	Middle		Tobin.	4. DATE OF DEATH	Mont	h	18	year 1966
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH	9.	AGE (In years			DER 24 HRS.
E	Male	White	WIOOWED	DIVORCE		6/19/1904	6	last birthday) yrs.	Manins	Days Hou	rs Min.
		(Give kind af wark dane		ND OF BUSINESS OR		11. BIRTHPLACE (County	& State, or fore	ign country)		EN OF WHAT	
du	ring mast of working Pair		IN		Maryland			U.S	ITRY?		
13	B. FATHER'S NAME	I CCT.				14. MOTHER'S MAIDEN			10.2		
		am P. To	bin		A	Susan Wh	nite				
10		R IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.	17 1	NFORMANT		Addre	acc .		
0	res, no, or unknown)	(layes give war er dates	of service)				Toh			ddnes	(0)
				8-12-991	1 H	MILE MIS		A /5 X	OVO B		
	18. CAUSE OF DI	ATH (Enter only one cau TH WAS CAUSED BY:	ise per line far	(a), (b), and (c).)	1 1 6	1.	/	110)		ONSET AN	D DEATH
	PART I. DEA	IMMEDIATE CAUSE	(a)		0/2	vier	oneu	mon	12	100	W
	331	DUE	10	- 1-			in L	20+10	1.		10
	Conditions, if any	, which gave	(b) /1C	ute a	STI	ndry	INTE	1110	n	ZWI	
	rise to immediat stating the unde last.		10 Ce	rebral	Va	sular	2001	den	4	101	non
	PART II. OTHER SI	GNIFICANT CONDITIONS (	ONTRIBUTING 1	O DEATH BUT NOT REL	ATED TO 1	HE TERMINAL DISEASE CO	NDITION GIVEN	IN PART 1(a)			UTOPSY
No.										YES PERFO	RMED?
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	20o. ACCIDENT WA	CHADEDIVING T	20h DE	SCEIBE HOM INITIBA U	CCLIPPEO	(Enter nature of injury in	Part Lar Part	II of item 18 \		763	
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH	200. 00	JENIDE HOW INJUNT O	CCURREO.	Course transfer of triplity III	i di i di rull	1 01 Henri 10.7			
At C	(IF EITHER, NOTIFY	MEDICAL EXAMINER)	001.0	HILDY OCCUPATE	00- 01-	CE OF INITIDY (11	. 1 000	(City as Anum)	ir	Aug)	/State)
MEDICAL	20c. TIME OF INJU	JRY Month, Day, Year n.	20d. If While	NJURY OCCURRED  Not While		CE OF INJURY (Hame, farm ory, street, office bldg., etc.		(City or town)	· (Caun	14)	(State)
×	p.r	10	at warl	k 🔲 at wark 🔲						-	
		fy that (1) (this ho	pital) atten	ded the deceased	fram_	3-2-	19 <u>66</u> , ta	11-6	1966	2, that (1	(we) las
	saw the d	eceased alive an_	11-1	1966,	and tha	t death accurred at	120 HM,	fram causes			ted abave
	220. SIGNATURE	-00 F	11	2		ATTENDING -	MED.	STAFF G	22b. DAT	E SIGNED	,
		Um a	110	en	J.M	). PHYS. L	OIRECTOR [	PHYS.	111-1	r-66	
	22c. PHYSICIAN'S NAME (Type		G	Rile	V	22d. ADDRESS	00 Pe	und,	Hager	stou	in
23	3a. BURIAL, CREMATIO	ON, 23b. DATE TH	FREOF	23c. NAME OF CEM	ETERY OR	CREMATORY	- 23d, 10C	ATION (City or To	wn) ((	aunty)	(Stote)
1	REMOVAL (Specify	77/0	- 1					ngton.	, ,	//	(3.4.4)
-	BINERAL DIRECTO	R - 77	1/66	Arlingt					GISTRAR'S SIG	NATURE	
	Home	RNalley's	Funer	Mana.		inior, 2Sd. REC	NOV 2	3 1966	Melia		udar

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending paysician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health prior to burial, crematian, or remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) . 20 M 1/66

TO STREET

-

TO ATTENDING
The bottom copy

16212

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

### CERTIFICATE C OF DEATH Item 7

16312

-	TOOLO	Reg. Dist. No
	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
	COUNTY Washington MARYLAND	STATE Maryland - COUNTY Frederick
	CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	CITY (Il outsida corporata fimits, writa RURAL and give naarast town) OR
	OR and give nearest town Town Hagerstown D.O.A.	TOWN Sandy Hook
19	HOSPITAL OR INSTITUTION OF STREET ADDRESWASHINGTON County Hospital	STREET (II rural give location) ADDRESSKnoxville, Md. RFD# 2
	3. NAME OF (First) (Middle) DECEASED (Type or Print) LEVIN WEST TR	(Lest) 4. DATE (Month) (Day) (Year) OF DEATH NOV. 27, 66
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O WIDOWED, DIVORCED, (Specify) SeparatedNov.	
		11. BIRTHPLACE (State or loreign country)  Knoxville, Maryland  12. CITIZEN OF WHAT  COUNTY?
	13. FATHER'S NAME William Walter Tribby	14. MOTHER'S MAIDEN NAME Dottie Lavetta Tritapoe
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS Mrs. Connie Cole
0	(Yes, no or unk.) (If Yes, give wer or detes of service) 705-10-2800	RFD#2, Knoxville, Maryland
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE (A)  ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, (B)	Ofstruction ONSET AND DEATH  Stassis OMERS  10 Mens
	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)	
0	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
3	198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO X
	21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, larm, lectory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., etc.) (If EITHER, NOTIFY MEDICAL EXAMINER)	1c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
i dina	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURED While Not while at work	21f. HOW DID INJURY OCCUR?
5 10M	alive on 19 19 19 19 19 19 19 19 19 19 19 19 19	2:30PM, from the causes and on the date stated above.  ADDRESS (Street, citys town, stete)  DATE SIGNED
A15C 1-55	23. BURIAL, CREMATION, REMOVAL (SPECIFY)  Burial  Date thereof Brownsville	CREMATORY (Cocation (City, town, or county) (State) Heights Cemetery, Brownsville, Md.
VS	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE  DATE NOV 3 0 1968 Charles Judge	P5. FUNERAL DIRECTOR'S SIGNATURE Harpers Ferry West Va.

gelianles Judge.

Tarer stone 1.5 6 Ot 1 inticant esmon notarined beautiful

Mach water

Carrier M. M. Collinson

YERTER 1239

Chicarry Figure 1 ardioc

efot simot .am TOS-10-2800 SEDES CONVENTS APPLIANT

William Calmer Welcom

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11/50 oo Brownswille Holgats Camerery, Dromatuble, Nd.

WITE ROSSET . AV TURN

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16314

CERTIFICATE OF DEATH

16313

20042	CERTITION	OI DENTIL	10513				
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institu					
a. COUNTY Washingto	MARYLAND	a. STATE Maryland. b. COL	Washington				
b. CITY OR TOWN (If outside cornarate limits	c LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carporate limits, write RL	77.44.7				
write RURAL and give negrest town)  Hagerstow	n 35 yrs	Hagerstown	21.1				
d. NAME OF HOSPITAL OR INSTITUTION (If not in		d. STREET ADDRESS	e. IS RESIDENCE				
Western Maryland S	tate Hospital	27 W. Washington S	ON A FARM?				
3. NAME OF DECEASED (Type or print)	Middle	Cost 4. DATE Mor	Day Year - 30 1966				
5. SEX 6. COLOR OR RACE 7	. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years lost birthday)  yrs.	IF UNDER 1 YEAR				
IOa. USUAL OCCUPATION (Give kind af wark dane during mast af warking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY,	11. BIRTHPLACE (Caunty & State, or fareign country)  Thomas, W. Va.	12. CITIZEN OF WHAT COUNTRY?				
Housewife  13. FATHER'S NAME	Own Home	14. MOTHER'S MAIDEN NAME	ueri				
	Nazelrode		: 1				
10 MAC DECEASED EVED IN U.C. ADMED FORCECT	14 COCIAL CECUDITY NO. 17	Mary Elizabeth W	ress Hagaratawa Md				
(Yes, no, ar unknawn) (If yes give war ar dates af so		Clyde O. Trumpower 27 W	Mayerson C+				
		Lyae Syrumpower 21 W	INTERVAL BETWEEN				
1B. CAUSE OF DEATH (Enter only one cause PART 1. DEATH WAS CAUSED BY:	per line far (at (b) and (c).)	in American	ONSET AND DEATH				
IMMEDIATE CAUSE (a)	- Compound	10) Vijiuwiiii	24/110				
Canditians, if any, which gave )  (b)	Antestema!	Oh structula	2 L Hra				
rise to immediate cause (a), DUE TO	Tronvins	2 Color of the color	-1111				
stating the underlying cause (c)	Carcinom	1 - Cervin	6 mos				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)							
ATIO			PERFORMED? YES NO [				
20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CICAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Manth, Day, Year Haur a.m.	20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Hame, farm, 20f. (City or tawn)	· (County) (State)				
Haur a.m.  In m 19	While at wark at wark	tary, street, affice bldg., etc.)					
21. I certify that (I) (this haspit		11-1 1960 to 11-	30, 1966, that (I) (we) I				
saw the deceased alive on	11-20 19 6 and the	at death accurred at a lem, from causes					
22g. SIGNATURE	11-1	J. P	22b. DATE SIGNED				
M.D. ATTENDING MED STAFF PHYS. PHYS. DIRECTOR PHYS. PL 12-1-66							
22c. PHYSICIAN'S NAME (Type)	RO RIEGO	1500 Penna. a	me Hazerston				
23a. BURIAL, CREMATION, 23b. DATE THERE	OF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or T	awn) (County) (State)				
Surval ~ 12/4/6	6 Rest Haven	Cemetery Hagerstown	Washington Md.				
24. FUNERAL DIRECTOR LILE CA	ADDRESS		REGISTRAR'S SIGNATURE QUILLAR				
Rest Haven Fineral	Chapel Hagerstown	Md DATE DEC 5 1966	The state of the s				
The state of the s	The state of the s						

rian and campletely filled in by the funeral lease | emaye carbon papers. Poges 1 and 2 and 4 and 4 and 4 and 4 and 4 and 5 an 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical director, page 3 shauld be detached far use as the burial-transit permit. Then ples shauld be filed with the State Dept. of Health priar ta burial, cremotian, ar remaval, as

VR A15 (4) 20 M 1/66

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and residence on						

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physicial and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. They piece remave carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16315 Division of STATIS Washington County CERTIFICATE OF DEATH 16314

-	_										
		PLACE OF DEATH O. COUNTY	Hagers	town,	Md.		2. USUAL RESIDENCE (W		f institution: Residen b. COUNTY	ce before admission)	
	We	stern I	Maryland f outside corporate limit	State	HOSDITMARYL	AND	9		write PIIPAL and give	negrest town)	
			give nearest tawn)	3,	5 mos.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tax				
		. NAME OF HOSPIT	AL OR INSTITUTION (If n	ot in hospital, a			d. STREET ADDRESS1217-51St Ave De			e. IS RESIDENCE	
1					Hospital	1	Hagerska	wxx Mary	landwood	ON A FARM? YES NO	
		NAME OF	, ` F	irst	Middle		Lost	4. DATE	Manth	Day Year	
	. (	DECEASED (Type or print)	11/14	2			liams	OF DEATH		19, 1966	
	S. :	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		. DATE OF BIRTH	9. AGE (In last birt		Doys Hours Min.	
		+	N		DIVORCED		Sept. 20,190	08 58	Yrs.	Y I I	
	10a. duri	USUAL OCCUPATION  In prost of working  Housev	(Give kind of wark done life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County	& State, or fareign coun	12. CI	UNITY? A	
	$\overline{}$	FATHER'S NAME	nie		none		Maryland  14. MOTHER'S MAIDEN N	AME	0	·D·A·	
	13.					440	14. MUTHER 5 MAIDEN N				
	15.	was deceased eve	DIVILLE ADMITT FOR FEE	16.5	SOCIAL SECURITY NO.	17.	NFORMANT	unknown	Address		
	(Ye	s, na or unknown)	(If yes give war or dates	of service)	known		Slaughte	r 1217-5	1St. Ave		
		1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)						100 2110	INTERVAL BETWEEN		
		PART I. DEAT	TH WAS CAUSED BY:			re	pneumovia			ONSET AND DEATH	
		3321	V	TO		/		11		, ,	
		Conditions, if ony, rise to immediat	a cousa (a)		Rebral Th.	rom	bosis, muli	3/9/2		UnknowN	
	stoting the underlying couse Due 10								11		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)							19. WAS AUTOPSY			
2	NOI	(a) Pulmonary infarct (a) Renal vein thrombosis						1(0)	PERFORMED?		
4	FICAL	20g. ACCIDENT WA		-			Enter noture of injury in I		n 18.)	1 15 6 10 [	
	CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	200. 01.	JERIDE HOW WORK SEE	onnes.	, and the second				
	MEDICAL	20c. TIME OF INJU	JRY Month, Doy, Year				E OF INJURY (Home, farm		town) (Co	unty) (Stote)	
	ME	p.r	n. 19	While at wark							
		21. I certi	fy that (1) (this ho	<del>spital)</del> attend	ded the deceased f	rom	death occurred of	966, to NO	1, 29, 19	<u>≤</u> , that (I) ( <del>we</del> ) lo	
		sow the d	eceased alive an	VOU. O	9, 19,60,01	na thai	death occurred of	o. m, trom		ATE SIGNED	
		22d. SIGNATURE	Victor	L. A. A	Pamas,	M.D	ATTENDING PHYS.	MED. STA	CC	5.30,1966	
		22c. PHYSICIAN'S		1				estern md.			
		NAME (Type			amos, mo			igers hun		- //	
	23°a	REMOVAL (Specify	23b. DATE TH	- 6 6	23 NAME OF CEMET	ERY OR O	ny Earn	23d. POCATION (C	doul	(County) (State)	
1	24	BUNERAL PIRETTO	R 7 H	ame 4	339-1	Lu	2Sa. REC'D	BY REGISTRAR DEC 5 19	25b. REGISTRAR'S S	IGNATURE Judge	
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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designated agent, far yaur FUNERAL DIRECTOR: Page 5 may be ro FUNERAL Health ar i

16316 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o STATE b. COUNTY Washington Md. Wash. MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)

rural Hagerstown c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) rura1 Hagerstown 1 year d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? RFD 4 RFD 4 YES NO IX 3. NAME OF Middle 4 DATE First Lost Month Dov DECEASED Ethe1 Wolfe Grace (Type or print) DEATH November S. SEX AGE (In years IF UNDER TYEAR 6 COLOR OR RACE B DATE OF BIRTH IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours female white June 24. 1898 WIDOWED DIVORCED IDo. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Johnstown, Penna. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME John Swatman Esther McClester IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service 186-32-7384 Mrs. Pearl Wolfe, Hagerstown, Md. 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Arteriosclerotic Cardio Vascular Disease Several IMMEDIATE CAUSE (o). Wears DUF TO Conditions, if ony, which gove Aortic Stenosis rise to immediate couse (a), DUE TO stating the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? CERTIFICATION YES F NO 2Do. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 2De. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month. Dov. Year 2Dd. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office blda., etc.) ot work ot work 21. I certify that I taak charge af the remains described above, held an Autapsy Inspection and in my apinian death resulted fram: Natural causes x Accident Undetermined manner Suicide Hamicide | CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 11-28-66 DEPUTY MEDICAL EXAMINER TO **EXAMINER'S** Address (Street, city, town, or county) Hagerstown, Md. NAME (Type) Dr. E. W. Ditto. Jr 23b. DATE THEREOF 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify)
Durial 12-1-66 Richland Township, Mt. Carmel Cemetery

2Sb. REGISTRAR'S SIGNATURE

Meliantes

2So. REC'D BY REGISTRAR

DATE

NOV 30

ADDRESS

Minnich Funeral Home, Hagerstown, Md.

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24. FUNERAL DIRECTOR

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# CERTIFICATE OF DEATH

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	CE OF DEATH	MACHINOTO	N. N.			ere deceased lived, if instituti				
a. C	DOMII	WASHINGTO	JN	MARYLAND	o. STATE MARY	LAND b. COUN	WASH	HINGT	JN	
		f autside carparate limit	s,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outsi	de carparate limits, write RUR	AL and give nea	rest tawn)		
RUF	AL 2	HANCOCK N	1D	LIFE	RURAL 2			21.1		
d. N	AME OF HOSPIT	AL OR INSTITUTION (If no	at in haspital, g	ive street address)	d. STREET ADDRESS			e. IS RESID	DENCE APM2	
	Н	OME		- Sept. 18 - 11 18	HANCOCK				NO X	
. NAN		Fi	rst	Middle	Last	4. DATE Mont	h (	Day Yea	ar	
	e ar print)	ROY	/	FRANKLIN	YOUNKER	OF DEATH 11	1 4		66	
S. SEX		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEA Months Day		24 HRS Min.	
M		W	WIDOWED	DIVORCEO X	JUNE 17.191	2 54 yrs.	Mullills Duy	2 110012	Mill.	
		(Give kind of work done		ND OF BUSINESS OR	11. BIRTHPLACE (County & :	State, ar fareign country)	12. CITIZEN COUNTR			
during most of working life, even if retired)  LABOR  INOUSTRY  AIRCRAFT				RCRAFT	WASHINGTO	N COUNTY ME				
13. FATHER'S NAME					14. MOTHER'S MAIDEN NA	ME				
SIN	MON YO	UNKER			WORA BIVENS					
		R IN U.S. ARMED FORCES? (If yes give war ar dates		SOCIAL SECURITY NO. 17.	INFORMANT	Addre	SS			
	VO	fit les dive wat at agres t	JI SELVICE)	MR	S CLETUS KE	RNS RURAL 2	HANCO	OCK M	D.	
1B.	CAUSE OF DE	ATH (Enter anly one cou	se per line far	(a), (b), and (c).)		1 4		INTERVAL BET		
		H WAS CAUSED BY:  IMMEDIATE CAUSE	(0)	Mule	myccar	alles		ONSET AND C	EAIH	
	467	DUE	TO		-	- m/2	100	24.		
Car	nditians, if any, e ta immediat	which gave	(b)	reft	o ense	M	4	- hr	1	
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las	-	)	(c)	VV						
PA	RT II. OTHER SI	GNIFICANT CONOITIONS (	ONTRIBUTING 1	O OEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	ITION CIVEN IN PART 1(a)		19. WAS AUTO PERFORM YES 7	DPSY NO [	
OR (IF	CONTRIBUTING	UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	205. DE	SCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Pa	nt I or Part II of item 1B.)			20	
WEDICAL 20	c. TIME OF INJU Haur a.n p.r	10	20d. If While at war	Not While for	ACE OF INJURY (Hame, farm, tary, street, affice bldg., etc.)	20f. (City or town)	(County)	(	(State)	
		fy that (I) (this hose eceased alive on	spital) otten	ded the deceosed from_ 31906, and the	at death occurred at_	7 A M, from causes		that (I) ( late stated		
	22a. SIGNATURE  MED. STAFF  DIRECTOR DIRECTOR DHYS.   22b. DATE SIGNED									
27	2c. PHYSICIAN'S NAME (Type	1.1.000	dot	K, Ma	22d. ADDRESS	Hancoy	- Mo			
23a. BI	URIAL, CREMATIC EMOVAL (Specify BURIAL	23b. OATS TH	REOFSHAF 66	STONE BRIE	GE		SHINGT	ON ME	126	
24. FL	INERAL DIRECTO	Ralla		ADDRESS			GISTRAR'S SIGNA	HURE LING	1º	
14	2 2	11 1	1 - 0	th. (	2 how DATE NO	1 4 1000	(1	U	,	

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar to burial, crematian, arremoved, and in any event, within 72 haurs after death.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove cachon papers. Pages I and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eagent, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STAT	ISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BAL	TIMORE 1, MARYLANI
16318	ISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BAL CERTIFICATE OF DEATH	16317
PLACE OF DEATH	11 2 IISHAI RESIDENCE (Where deceased live	d If institution: Residence befor

_								_		
1.	PLACE OF DEATH a. COUNTY WASHINGTON			2. USUAL RESIDENC a. STATE MAD		COUNTY	SHTNGTON	on)		
-	b. CITY OR TOWN (if outside corporate write RURAL and give nearest town	Ilmits,   c	MARYLAND LENGTH OF STAY IN 1b	c. CITY OR TOWN (If				(n)		
	write RURAL and give nearest town	)	14 YRS.		HAGERSTOWN		21.1			
	d. NAME OF HOSPITAL OR INSTITUTION	(if not In hosp		d. STREET ADDRESS	111111111111111111111111111111111111111		9. IS RESIDEN	CE		
	330 MITCHELL AVENUE	E		330 MITC	HELL AVENU	E	YES NO	_		
3.	NAME DF Firs	st	Middle	Last	4. DATE	Month	Oay Year			
	(Type or print) ROY		MILTON	ZEGER	DEATH NOV.		19 66			
	SEX 6. COLOR OR RACE 7	-	I HEACK MYKKIED	B. OATE OF BIRTH	9. AGE (In last birt		Oays Hours Mir	n.		
lOa	. USUAL OCCUPATION (Give kind of work de	one   10b. KIND	O OF BUSINESS OR	SEPT. 6, 190	unty & State, or foreign	yrs.	TIZEN OF WHAT	-		
dur	Ing most of working life, even if retired) TIRED EXPIDITER	) INDU	JSTRY		CO. PENNA	00	UNTRY? J.S.A.			
	ETIRED EXPIDITER   AIRCRAFT   FRANKLIN CO., PENNA.   U.S.A.									
	ALVIE W. ZEGER ANNA BELLE ATKINSON									
	. WAS DECEASED EVER IN U.S. ARMED FOR			INFORMANT	HAGE	REPOWN, N				
	NO	214	1-09-9266 MR	s. SHANNON C	UNNINGHAM	234 PROS	SPECT AVE.			
1	18. CAUSE OF DEATH [Enter only one	cause per line	for (a), (b), and (c).]		0 0	1	ONSET AND DEATH			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (	a) (	many,	do (m	W C	M	MM	<b>—</b>		
	Conditions, If any, which	0	>\	Aà -	Million	L'	NI			
	gave rise to immediate	b)	- N-SMAI	111	(00 -1000	lik	1	-		
	cause (a), stating the DUE T	(c)					A			
NO.	PART II. OTHER SIGNIFICANT CONDITION		NG TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION GI	VEN IN PART 1(a)	19. WAS AUTOPS	Y		
S							YES NO	J		
CERT	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	H ER) 20b. OES	CRIBE HOW INJURY OCCU	IRREO. (Enter nature of	Injury in Part I or Pa	art II of Item 18.	)	1		
CAL	20c. TIME OF INJURY Month, Day, Y		JRY OCCURRED   20e. PLA	CE OF INJURY (Home, fa	rm, 20f. (City or to	own) (Cou	nty) (State)			
VEDI	Hour a.m. p.m. 19	While at work	Not While at work	ry, street, office bldg., et	(C.)	1 6	(			
	21. I certify that (I) (this hospi			001,19	to to	19 0	C that (I) (we) Is	ast		
	saw the deceased alive on	11/11	19 , and that	t death occurred at	M, from the c		ne date stated above	ve.		
	22a. SIGNATURE	e no	M.	ATTENDING TO	MED. STAFF		ATE SIGNED			
	22c. PHYSICHAN'S	7001	11/2 W.C	). PHYS. (A) (	DIRECTOR PHYS.	. 11/	17/1966	_		
	NAME (Type) LOUIS G	. GRAFF	M. D.	580 NORT	HERN AVE.	HAGERSTO	WN, MD.			
23a	BURIAL, CREMATION, 23b. DATE THE	HEREOF 2	23c. NAME OF CEMETER	OR CREMATORY	23d. LOCATION (	City, town or cou	inty) (State)			
	BURIAL (Specify) 11/19/1	1966	ROSE HILL CE			rown, Mar				
	HARLES M. ROUZER HA	ACEP STOR	ADDRESS	NO V		5b. REGISTRAR'				
0	MARLES H. RUULER HI	MOTEVATON	VN, MARYLAND	OATE	7 1000	Charles	Judge	=		

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